

TOWSON HIGH SCHOOL

Change of Address Request



Please complete a separate form for each student enrolled at THS

Student's Full Name: _____ Today's Date: _____ / _____ / _____

Grade: _____ Birthdate: _____ / _____ / _____

Parent(s)/Guardian(s): _____

Street Address:

Apartment #:

City, State, Zip:

Home Phone:

Previous Information	
Street Address:	
Apartment #:	
City, State, Zip:	
Home Phone:	() () ()

NEW Information	
Street Address:	
Apartment #:	
City, State, Zip:	
Home Phone:	() () ()

Student resides with: Name: _____ Relationship: _____

Mother's Phone: Home: () () () Work: () () () Cell: () () ()

Father's Phone: Home: () () () Work: () () () Cell: () () ()

Mother's e-mail: _____

Father's e-mail: _____

IMPORTANT INFORMATION: FIVE residency documents are needed to change your address.
Please see the reverse side of this form for the required documentation.

*Please bring originals of the residency documents to Ms. Williams in the Towson High Guidance Office between 8:00 A.M. and 2:30 P.M. with this completed form. No appointment is necessary.

Do not write below this line. For office use only:

Appropriate office staff must initial.

_____ **O. Abby Ajileye, Assistant Principal**
 _____ **Mary Williams** for address change in mainframe and student record update,
 _____ e-mail update to nurse and front office secretary for emergency contact sheet update.

