

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:

OLD

Previous Information
Apt. # _____
()

NEW

NEW Information
Apt. # _____
()

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.

Nicole Bridges, 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.



A Program of the Maryland State Department of Education