

**MENDHAM TOWNSHIP BOARD OF EDUCATION
PUPIL CHANGE OF ADDRESS**

EFFECTIVE DATE: _____

Pupil's Name: _____ Grade: _____

Birth Date: _____

Previous Address: _____

New Address: _____

Home Phone: _____

Mother's Cell Phone: _____

Mother's Email: _____

Father's Cell Phone: _____

Father's Email: _____

Proof of Residency: 1) _____

Provide 2

(Copy of Deed or Lease Required)

Tax Bill, Utility Bill etc.) 2) _____

Reviewed by: _____ (Staff Member)

Parent Signature: _____

Date: _____