

**Monroe High School**

**17001 Tester Road**

**Monroe, WA 98272**

**360.804.4500**

**Fax 360.804.4698**

Please use this form if you have or will be moving. Return this form to the Monroe High School Counseling Office in person, fax to the number above, or se[nd to hutsonh@monroe.wednet.edu.](mailto:nd%20to%20hutsonh@monroe.wednet.edu.)

Print Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

# New Mailing Address and Phone Number

Street Address/PO Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State: Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: ( )\_ Secondary Phone ( )

Personal Email Address:

**Are there others (spouse or siblings) associated with this address that you wish to change also? Please list names and relationships of others related to this address change:**

**Signature**: Date:

**Counseling Office – Address Change**

Date Rec’d: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date Entered: \_\_\_\_\_\_\_\_\_\_\_\_\_

Entered By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_