

**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 send to hutsonh@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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_