Address Change Request

	○ Hadle	ey OPhilo	emon	
Address type: Fath	er and Mother	O Father only	O Mother only	○ Guardian
Student's Last Name:				
Student's First Name:			_	
Current Address:				
Street Address:				
Apt Number:		City:		
Postal Code:				
New Address along	with proof (co	<mark>py of Deed or L</mark> e	<mark>ease)</mark>	
Effective Date:				
Address type:	er and Mother	Father only	○ Mother only	○ Guardian
Street Address:				
Apt. Number:		City:		
Postal Code:		_		
New Phone Numbers:				
Signature:		<mark>[</mark>	Date:	
(Signa	ature of parent or guardia	<mark>n)</mark>		

Submit all documents and this form to dmiljour@wqsb.qc.ca

** It takes 5 days to make the necessary changes for a new bus. This can only be done if the required documentation (Deed or Lease) is received at the time of the request. **

++ Please contact dmiljour@wqsb.qc.ca for the your child's new bussing information++