

Change of Address Form

☐ Hadley ☐ Philemon

Name of Parent(s)/Guardian Requesting Address Change:

(Parent(s)/Guardian's Name(s))

Student's Last Name: _____

Student's First Name: _____

Current Address

Street Address: _____

Apt Number: _____ City _____

Postal Code: _____

New Address

Effective Date of Move: _____

Street Address _____

Apt. Number: _____ City: _____

Postal Code: _____

Parent #1 Cell : _____

Parent #2 Cell : _____

Signature: _____ Date: _____
(Signature of parent or guardian)

****proof (copy of Deed or Lease or invoice with name and new address)**

Submit proof of address along with 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 (as listed above) is received at the time of the request. ****

++ Contact dmiljour@wqsb.qc.ca for your child's new bussing information++



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