



WOODBIDGE TOWNSHIP SCHOOL DISTRICT

PARENT/STUDENT CHANGE OF ADDRESS

To Parent/Guardian: Please list the names of ALL children living in your household below.

Student's Last Name	Student's First Name	Middle Initial	Current School	Current Grade

Old Address:

New Address:

PROOF OF RESIDENCY REQUIREMENT:

(Current Deed/Mortgage Statement/Tax Bill or Lease AND a copy of a recent utility bill)

MUST BE SUBMITTED TO:

**Woodbridge Township School District - Security Department – 428 School Street - Woodbridge
732-602-8676 or 732-602-8495**

Effective Date: _____

New Home Phone No. _____ Cell Phone No. _____

List all Emergency Contact names and phone numbers:

_____	_____
_____	_____
_____	_____

Parent/Guardian Signature

Date

For Security Department Use Only:

Received by: _____ Date: _____

Home Visit Date: _____ Signature of Officer: _____