

ÉCOLE ROCHESTER ELEMENTARY SCHOOL

Change of Address Form

Name: _____ Student No. _____ Grade: _____

NEW Address: _____

Street

City

Postal Code

OLD Address: _____

Street

City

Postal Code

Telephone No.: _____

E-Mail Address: _____

Effective Date: _____

Parent/Guardian Signature: _____

Please indicate **three** proofs provided as per district standards:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Utility Bill | <input type="checkbox"/> BC vehicle registration | <input type="checkbox"/> Canadian Bank Statement | <input type="checkbox"/> Canadian Credit Card Statement |
| <input type="checkbox"/> Property Tax Statement | <input type="checkbox"/> Income Tax Statement | <input type="checkbox"/> Long Term Rental Agreement | <input type="checkbox"/> Property Purchase Agreement |