

# HOME SCHOOL

## Change of Information Form

This form is used for address changes and to update information on your student's affidavit of intent.

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_

### OLD INFORMATION

Old Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### NEW INFORMATION

New Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

New School District of Residence \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Parent/Custodian Name (Print) \_\_\_\_\_

Parent/Custodian Signature \_\_\_\_\_

Please Fax 602-506-3753 or mail to:  
Dr. Sandra E. Dowling, Superintendent  
Home School Services  
301 West Jefferson, Suite 660  
Phoenix, Arizona 85003