

Office use only

RW: _____

PS: _____

**FAME Public Charter School
BASIS @ FAME Program**

6400 Village Parkway, Suite A
Dublin, CA 94568

Student Address Change Form

Teacher of Record: _____ IST# _____

Student Information: (Please indicate all siblings that have moved. Use 1 form per family.)

Student Name: _____ Student #: _____

Student Name: _____ Student #: _____

Student Name: _____ Student #: _____

Student Name: _____ Student #: _____

Student Name: _____ Student #: _____

New mailing address: _____

New city, state, ZIP: _____

New school district of residence: _____ County: _____

New phone: _____

Effective date: _____

Old address: _____

Old city, ZIP: _____

Teacher signature: _____ Date: _____