



CHANGE OF ADDRESS OR PREFERENCES

Please read the Current Families/TADS Educate [Parent Portal page](#) on the school website before completing and returning this form*

Household Last Name _____

Household Contact First Name(s) _____

Household Student(s)

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

(New) Household Mailing Address: _____

City _____ State _____ Zip _____ Home School District _____

Cell Phone for _____ Number _____
(Name)

Cell Phone for _____ Number _____
(Name)

Other phone numbers for household, name and type (home/work etc.):

Name _____ Type _____

Name _____ Type _____

I understand this contact information will be viewable on the password protected school directory unless I indicate "no" below.

_____ **No**, we do not wish this household's contact information to be included in any format of a school directory.

I understand this information will remain in effect as long as your student(s) is enrolled at All Saints or you complete a new Change Form. (located on the wall outside the school office or available on the school website).

Parent Printed Name _____

Parent Signature _____ Date _____

**If the parents of the above-listed students live in separate households,
a change form needs to be completed for both households.**