

Bayonne Board of Education – Attendance & Registration Office

Change of Student Address

For students currently enrolled in the Bayonne School District

Name of Student: _____ ID# _____ Grade _____

Parent ID checked: _____

Parent Phone No: _____

(Please confirm all contact info listed in Real Time.)

Current address on file: _____

New address: _____

New address verification

(if in-district) _____

Currently enrolled at: _____

Transfer needed? Yes or No

___ In district

___ Out of district

New school name: _____

New school address: _____

New school fax: _____

New school phone: _____

Parent Signature: _____ Date: _____

Notified sending school: _____ (date) By: Phone Fax Email Inter-office Mail

Notified receiving school: _____ (date) By: Phone Fax Email Inter-office Mail

Entered old address in notes: _____ (date) Update new address: _____ (date)

Attendance Officer Signature: _____