

CENSUS: _____

ST. JUSTIN MARTYR CCE ADDRESS CHANGE FORM

PLEASE PRINT CLEARLY

Student's Name: _____
(First Name) (Last Name)

CCE SESSION ATTENDING: MONDAY WEDNESDAY SATURDAY SUNDAY
Please Circle

OLD Street Address: _____

Apt./ Suite: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Email: _____

NEW Street Address: _____

Apt./ Suite: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Email: _____

PARENT INFORMATION

Mother/Guardian's Name: _____
(First Name) (Last Name)

Home Phone: _____ Cell Phone: _____

Email: _____

Father/Guardian's Name: _____
(First Name) (Last Name)

Home Phone: _____ Cell Phone: _____

Email: _____