



NAMF Islamic Academy

Elementary Division

CHANGE OF ADDRESS FORM

STUDENT INFORMATION

STUDENT'S NAME _____
First Name Middle Name Last Name

NEW ADDRESS _____ / _____
No Street Apt #
_____/_____/_____
City/Town Province Postal Code

STUDENT'S TELEPHONE (_____) _____ EMAIL _____
Home

GENDER: Male ___ Female ___ CURRENT GRADE: _____

EMERGENCY CONTACT INFORMATION

In the case of an emergency, the school will contact, or release the child to the following person(s) or the person signing this form:

NAME _____ TELEPHONE (_____) _____ RELATIONSHIP _____

NAME _____ TELEPHONE (_____) _____ RELATIONSHIP _____

DECLARATION

Name of Parent/ Guardian Signature Date

FOR OFFICE USE ONLY

Received by _____
Name Signature Date