

**St. Catherine's Elementary School  
Change of Address / Phone Number**

**Family Name:** \_\_\_\_\_

<b>Student(s) Name(s)</b>	<b>Grade(s)</b>

**Effective Date of Change:** \_\_\_\_\_

**New Address:**

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**New Phone Number:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

*Please submit this form to the School Office.  
Thank you.*

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