Form - Change of Demographic Information

Name: _____ Date: _____

New Address/Telephone Number					
Apt. # (if applicable)	Box Number or Street Address	Town/City	Province	Postal Code	Telephone
Add or Delete Dependent(s) (17 and under)					
Name		Birthdate (day, month, year)	Grade	Proof of Guardianship Attached (√)	
Add or Delete Spousal Information					
Name		Birthdate (day, month, year)			

Student Signature: _____