



*Sts. John and Paul School*  
*Change of Address Form*

Please Print clearly!

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

Today's Date: \_\_\_\_\_ Effective Date of Changes: \_\_\_\_\_

Previous Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Questions?

Contact Office:  
914 834-6332 x1

OR  
Office@sjpsschool.org

New Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number changes:

Old Number/ Person \_\_\_\_\_/ \_\_\_\_\_

New Number/Person \_\_\_\_\_/ \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Signature:

Print Name:

\_\_\_\_\_

Scan: Forms@sjpschool.org

Fax: 914-834-8242

Mail: Sts. John and Paul School  
280 Weaver Street  
Larchmont, NY 10538