



# Westport Central School District

## NOTIFICATION OF CHANGE OF ADDRESS

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

<b>New Address:</b> _____  _____ (No. and Street)  _____ (City or Village)      (State)      (Zip)	<b>Former Address:</b> _____  _____ (No. and Street)  _____ (City or Village)      (State)      (Zip)
Phone no. _____	Phone no. _____
Date of Change _____	Date of Change _____

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**Instructions:** Complete this form prior to change of address. If you expect to reside at a different address during the summer, please complete the appropriate section below prior to the end of the school year. Notify your Administrator/Supervisor and submit this form to the office of the Superintendent of Schools.

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### SUMMER ADDRESS (Complete prior to end of school year if different from above)

Summer Address: _____  _____ (No. and Street)  _____ (City or Village)      (State)      (Zip)
Phone No. _____
Date of Change _____
I expect to return to my permanent address by _____ (Date)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_