



NOTIFICATION OF MOVE FORM

STUDENT INFORMATION

First Name:

Last Name:

Room #:

Teacher Name:

CHANGE OF ADDRESS INFORMATION

Address Moving to:

School Name:

(if known)

Last Day at Hillcrest PS:

Parent/Guardian Name:

Parent/Guardian Signature:

Today's Date:

Additional Information/Comments

Submit completed form directly to the office or email to hil@wrdsb.ca at your earliest convenience.