EAST SIDE UNION HIGH SCHOOL DISTRICT

NOTICE OF CHANGE OF ADDRESS AND/OR TELEPHONE NUMBER

DATE: _____

NAME: _____ _____ _____
(Last) (First) (M.I.)

SOCIAL SECURITY #: _____

LOCATION: -Select Site-

CERTIFICATED: ☐ CLASSIFIED: ☐ ADULT EDUCATION: ☐

ENTER CHANGE ON APPROPRIATE LINE OR LINES

ADDRESS: _____

CITY/STATE/ZIP: CA

TELEPHONE NUMBER: _____ Delete Info