



Henry Ford Academy

SCHOOL for Creative STUDIES

CHANGE OF ADDRESS FORM (SY 2012-2013)

Effective Date: _____

Student Name: _____ Grade: _____

Current Mailing Address: _____

City: _____ State: **MI** Zip: _____

New Mailing Address: _____

City: _____ State: **MI** Zip: _____

Parent/Guardian: _____

Parent/Guardian Signature: _____

Phone # _____

Email: _____