



Must be completed by the transfer student.  
Is this a full family change of residence?    Yes        No

Date of student's change of residence \_\_\_\_\_

If so, previous address (Street, City, State, Zip)

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

Is this a full family change of residence?    Yes        No

*If answer is NO, please provide information below.*

If this is NOT a full family change of residence, please provide a statement or documentation. In the space provided, state "why this transfer was necessary?"

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

*Any additional information can be faxed to: (636) 443-4285*

***Please return this form to the Activities Office.***