



SRI VAGISVARI VIDYA MANDIR

2/59, PILCHINNAMPALAYAM (MANAL MEDU) VALPARAI ROAD,
SAMATHUR ♦ POLLACHI - 642 123. Phone : 271614

APPLICATION FOR CHANGE OF ADDRESS

APPLICANT'S PARTICULARS EXISTING IN SCHOOL RECORDS AS ON DATE :

Name

ClassSectionAdmission Number

Father's / Guardian's Name

Address :

.....

.....

Phones (M) (R).....(O).....

Mobile (Father) (Mother)

Email ID -

CHANGES SOUGHT TO BE MADE :

1. Please change my residential address in School's records as follows w.e.f.
.....
.....
2. Subsequent to the aforementioned change our telephone nos. have ☐ changed ☐ not changed
The new phone numbers are
3. The emergency phone no. Listed in our child's Almanac / I-Card has ☐ Changed ☐ not changed
The new emergency phone number is

Signature of Parent

FOR OFFICE USE ONLY

1. As per the request of the parents the changes as requested for have been recorded in all relevant documents / files / schools records

Authorised Signatory

Received by Principal's Office on and change recorded in student's file .

Received by Admn. Off. / Accounts on and change recorded in the files.

Class Teacher intimated on by

Transport In- Change intimated on change recorded in Bus Records.