

**CHAUCER INFANT AND NURSERY SCHOOL**

**CHANGE OF ADDRESS**

Pupil's Name ..... Class .....

Present Address .....

.....

New Address .....

.....

Telephone Number ..... Date of Change .....

**Please return this form to Mrs. Bailey in the school office as soon as possible.**

For office use only:

Computer:	Contact Sheet:	Brown Folder:

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