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### CHANGE OF ADDRESS FORM

1-Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_ Grade: \_\_\_\_\_

2-Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_ Grade: \_\_\_\_\_

3-Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_ Grade: \_\_\_\_\_

New Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ New Home Phone # \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

By signing below, I/We confirm that the above information is true and correct.

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_