



# CAPELLA HIGH SCHOOL

5130 Warrensville Center Rd . Maple Heights OH 44137  
Main (216)587-5282 Fax (216)-587-5292

REQUIRED INFORMATION FOR ALL CHANGES - PLEASE PRINT CLEARLY

Name: \_\_\_\_\_  
FIRST MI LAST

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_

STUDENT SIGNATURE (REQUIRED): \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS CHANGE (PLEASE PRINT)

Current/Permanent Address: Street: _____ Apt. Number: _____
City: _____ State: _____ Zip Code: _____
Previous Address: Street: _____ Apt. Number: _____
City: _____ State: _____ Zip Code: _____

Change of Phone Number

New Student Number _____ Home _____ Cell _____
Previous Number _____
Emergency Number _____ Name _____

<b>FOR OFFICE USE, ONLY</b>
Date received: ____/____/____ Date processed: ____/____/____
Processed by (Please print): _____
Signature: _____