

# YEP CHANGE OF ADDRESS/PHONE FORM

**YEP**

**Youth Enrichment Program**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

School of Attendance: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Last four digits of SSN (person who enrolled student): \_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current/New Phone Number (h, c, w): \_\_\_\_\_  
(circle one)

**YEP**

**Youth Enrichment Program**

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Shreveport, Louisiana 71106

Phone (318) 865-0749

Fax (318) 865-2237