

# YEP CHANGE OF ADDRESS/PHONE FORM

## 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)

### Youth Enrichment Program

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Shreveport, Louisiana 71106

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Fax (318) 865-2237

Email: [yep@yep-la.org](mailto:yep@yep-la.org)