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
4700 Line Avenue, Suite 207
Shreveport, Louisiana 71106
Phone (318) 865-0749
Fax (318) 865-2237
Email: Enrollment@yep-la.org