



Address Change Form

Please complete and return this form ONLY if your child has left Cassopolis Public Schools and you would like to maintain your Cass Kickstart To Careers Child Savings Account (CSA) Program account.

ADDRESS CHANGE FORM

Student Name: _____

New Address: _____

City: _____ State: _____ Zip: _____

Old Address: _____

City: _____ State: _____ Zip: _____

Phone Contact: _____

Email Contact: _____

Signature: _____

Name Printed: _____

If you have any questions, please contact us at info@casskickstart.com.

FOR OFFICE USE ONLY

Date Received

Received By