

Office \_\_\_\_\_

Effective Date of Changes Listed Below: \_\_\_\_\_

Teacher \_\_\_\_\_

File \_\_\_\_\_

SM \_\_\_\_\_

### STUDENT INFORMATION CHANGE FORM

(Fill in the appropriate changes to student information)

Name: \_\_\_\_\_ Grade/Section: \_\_\_\_\_

Name: \_\_\_\_\_ Grade/Section: \_\_\_\_\_

Name: \_\_\_\_\_ Grade/Section: \_\_\_\_\_

Name: \_\_\_\_\_ Grade/Section: \_\_\_\_\_

Name: \_\_\_\_\_ Grade/Section: \_\_\_\_\_

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

Transportation Change Needed? Yes \_\_\_\_\_ No \_\_\_\_\_ Describe \_\_\_\_\_

School District: \_\_\_\_\_

New Home Phone #: \_\_\_\_\_ # to Remove: \_\_\_\_\_

New Parent Work #: \_\_\_\_\_ # to Remove: \_\_\_\_\_

New Parent Cell #: \_\_\_\_\_ # to Remove: \_\_\_\_\_

Change in Phone # for School Messenger: \_\_\_\_\_ # to Remove: \_\_\_\_\_

Change in Email Address for School Messenger: \_\_\_\_\_

Email Address to Remove from School Messenger: \_\_\_\_\_

Change in Alternate Contact Person Information: (Please circle one) Add Delete

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Change in Legal Custody: \_\_\_\_\_ Change in Transportation: \_\_\_\_\_

Change in Medical Insurance: \_\_\_\_\_

New Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

New Family Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Any Other Information Changes: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

\*\*\* IT IS VERY IMPORTANT THAT THIS FORM BE SUBMITTED TO THE SCHOOL OFFICE ANY TIME THE STUDENT'S INFORMATION CHANGES DURING THE COURSE OF THE SCHOOL YEAR. \*\*\*