

STUDENT INFORMATION CHANGE FORM

(Fill in the appropriate changes to student information.)

Effective Date for Change: _____

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 Email Address: _____

Email Address to Remove: _____

New Parent Work #: _____ # to Remove: _____

New Parent Cell #: _____ # to Remove: _____

Change in Email Address: _____

Email Address to Remove: _____

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

Name: _____ Relationship to Student: _____

Address: _____ Phone #: _____

Change in Legal Custody: _____ 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. ***