



CHANGE OF STUDENT INFORMATION

Student Name(s) _____ Grade _____

Parent/Guardian Name(s) _____ Effective Date _____

Old Address: _____	New Address (Provide valid proofs of residence): _____ _____
<input type="checkbox"/> Check here if this information is for the student's alternate household.	

New Phone Number _____ For: _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
New Phone Number _____ For: _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
New Phone Number _____ For: _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____

New Work Information For: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
Employer Name: _____ Phone Number _____
New Work Information For: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
Employer Name: _____ Phone Number _____

Emergency Contact Changes:	
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Name _____ Relationship to Student _____ Home Phone _____ Cell Phone _____
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Name _____ Relationship to Student _____ Home Phone _____ Cell Phone _____
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Name _____ Relationship to Student _____ Home Phone _____ Cell Phone _____

Child Care Information (for bus transportation purposes only):	
Name _____	Phone _____
Address _____	
<input type="checkbox"/> Morning (AM)	<input type="checkbox"/> Afternoon (PM) <input type="checkbox"/> Both

Comments _____

Parent/Guardian Signature _____

Date _____