



CHANGE OF STUDENT INFORMATION

Student Name(s): _____ Grade: _____

Parent/Guardian Name(s): _____ Effective Date: _____

Old Address:	New Address:
_____	_____
_____	_____
<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 _____