

CHANGE OF STUDENT INFORMATION

Student Name: _____ Student ID#: _____

Primary Contact Number for School Call Out System: _____

All changes require a copy of a government issued ID along with this signed form to be processed.

**** ONLY FILL OUT INFORMATION BELOW THAT IS BEING CHANGED OR ADDED ****

NEW Address Information Must Attach a Utility Bill and/or Current Lease	Mailing Address	Auxiliary Address (if applicable)
Street		
City, State, Zip		
OLD Address Information	Mailing Address	Auxiliary Address (if applicable)
Street		
City, State, Zip		

Parent/Guardian Information	Father	Mother
Name		
Home Phone Number		
Cell Phone Number		
Work Phone Number		
Email		

ADDITIONAL PEOPLE WHO HAVE PERMISSION TO PICK UP STUDENT FROM SCHOOL		
Relation (i.e. grandparent)	Name	Phone Number

PLEASE REMOVE THE FOLLOWING NAME(S) FROM MY STUDENT'S CONTACT		
Relation (i.e. grandparent)	Name	Phone Number

Parent/Guardian Signature

Date

Return to the Registrar's Office with necessary documentation for processing.