

Demographic Updates

Student Name: _____ Date: _____

ID# _____ Grade: _____

Please ONLY fill-in areas that are changes from the information we currently have.

Please attach driver's license of guardian who submits the demographic updates.

Physical Address –Proof of residence required on any address change.

Please submit a copy of current utility bill. No changes can be made without provided proof of residence.

Mailing Address:

Street Number/Street Name: _____ Apt/Lot #: _____

City: _____ State: _____ Zip: _____

Physical Address:

Street Number/Street Name: _____ Apt/Lot #: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) ____-____ *Primary Phone (____) ____-____

* The number the automated system calls.

Primary Guardian

Name: _____ Relationship: _____

*Primary: (____) ____-____ Work: (____) ____-____ Cell: (____) ____-____

Home: (____) ____-____ Email: _____

Secondary Guardian

Name: _____ Relationship: _____

Primary: (____) ____-____ Work: (____) ____-____ Cell: (____) ____-____

Home: (____) ____-____ Email: _____

Emergency Contacts/Allowed to Pick-up Student Info. (Please circle Add or Remove for each contact)

Add/Remove Contact Name: _____

Primary: (____) ____-____ Cell: (____) ____-____ Alt: (____) ____-____

Add/Remove Contact Name: _____

Primary: (____) ____-____ Cell: (____) ____-____ Alt: (____) ____-____

Authorized Signature

Date

For Office Use Only:

Verified driver's license _____ Date _____ Name _____

Registrar _____

Nurse _____