

Request to Change Student Contact Information

Student Name: _____

ID# _____

Grade: _____

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

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.

Primary Guardian Email- for the safety and security of our students, the parent will need to bring this form and a valid photo ID to the campus

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 Guardian

Name: _____ Relationship: _____

Cell: (_____) _____ - _____ Work: (_____) _____ - _____ Home Phone: (_____) _____ - _____

Email: _____

Secondary Guardian

Name: _____ Relationship: _____

Cell: (_____) _____ - _____ Work: (_____) _____ - _____ Home Phone: (_____) _____ - _____

Email: _____

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

Add/Remove Contact Name: _____

Cell: (_____) _____ - _____ Work: (_____) _____ - _____ Home: (_____) _____ - _____

Add/Remove Contact Name: _____

Cell: (_____) _____ - _____ Work: (_____) _____ - _____ Home: (_____) _____ - _____

Add/Remove Contact Name: _____

Cell: (_____) _____ - _____ Work: (_____) _____ - _____ Home: (_____) _____ - _____

Authorized Signature

Date

Registrar_____
Date_____