

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 return this form with a copy of valid photo ID to the campus.

Mailing Address: _____ **Apt/Lot #:** _____

City: _____ **State:** _____ **Zip:** _____

Physical Address _____ **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** _____