



Student Information Change Form

Complete the information below. Sign the form and return to school with your student.

Student Name: _____

Student ID#: _____ Student Date of Birth: _____

Information to Change:

Primary Phone Number: _____

****This is the phone number used by the district's calling system****

Mother/Guardian Cell Phone: _____ Father/Guardian Cell Phone: _____

Mother/Guardian Work Phone: _____ Father/Guardian Work Phone: _____

Mother/Guardian Email Address: _____

Father/Guardian Email Address: _____

Emergency Contacts:

Add Remove

Name: _____ Relationship: _____ Phone Number: _____

Add Remove

Name: _____ Relationship: _____ Phone Number: _____

Add Remove

Name: _____ Relationship: _____ Phone Number: _____

Some items must be changed in person at the campus. These items include:

- Address: When changing your address you must bring proof of residency to the office.
- Family Information, including change in family status: All necessary legal documents must be provided to the campus when making changes to family information.
- Health Information: Please contact the school nurse to make changes to your child(ren)'s health information.

***Signature of Mother/Guardian** ***Printed name of Mother/Guardian** **Date**

***Signature of Father/Guardian** ***Printed name of Father/Guardian** **Date**

*Required Fields (Only one signature required if you are adding information for only one parent/guardian)