

CHANGE OF INFORMATION FORM
PLEASE PRINT

Student's Name _____

Grade _____ **Sex** _____ **Last** _____ **First** _____ **Middle** _____
Home Language _____ **Ethnicity** _____

Address _____ **City & Zip Code** _____

Mailing Address _____ **City & Zip Code** _____

Father's Name _____ **Address** _____

Home Phone Number _____ **Cell Phone Number** _____

Father's Employer _____ **Work Phone Number** _____

Mother's Name _____ **Address** _____

Home Phone Number _____ **Cell Phone Number** _____

Mother's Employer _____ **Work Phone Number** _____

Who has legal custody? _____

If applicable, please list step-parent name _____

Please list emergency contacts:

1st) _____

Phone Number _____ **Cell Phone Number** _____

2nd) _____

Phone Number _____ **Cell Phone Number** _____

3rd) _____

Phone Number _____ **Cell Phone Number** _____

Special Health Considerations: _____

Parent/Guardian's Signature _____ **Date** _____