

**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** \_\_\_\_\_

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**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** \_\_\_\_\_

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**Please list emergency contacts:**

**1<sup>st</sup>)** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Cell Phone Number** \_\_\_\_\_

**2<sup>nd</sup>)** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Cell Phone Number** \_\_\_\_\_

**3<sup>rd</sup>)** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Cell Phone Number** \_\_\_\_\_

**Special Health Considerations:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_