



Student Name: _____ ID#: _____ Grade: _____

Student Name: _____ ID#: _____ Grade: _____

ADDRESS CHANGE
UTILITY BILL/PROOF OF RESIDENCY REQUIRED FOR ADDRESS CHANGE
**CHANGE OF HOUSEHOLDS REQUIRES UPDATED ENROLLMENT*

New address: _____
 City: _____ Zip Code: _____

PARENT/GUARDIAN CONTACT INFORMATION

Mother's Name: _____
 Cell: _____ Work: _____
 Email: _____

Father's Name: _____
 Cell: _____ Work: _____
 Email: _____

NEW EMERGENCY CONTACTS

Name: _____
 Relationship to student: _____
 Phone: _____

Name: _____
 Relationship to student: _____
 Phone: _____

Person authorizing changes: ***REQUIRED***

_____	_____
Name	Relationship

Signature: _____ Date: _____

Received by staff: _____ Data Entry: _____