

SANTA MARIA HIGH SCHOOL

Change of Personal Data

Student: _____ Student #: _____ Gr: _____ Date: _____

Student: _____ Student #: _____ Gr: _____ Date: _____

OLD INFORMATION

NEW INFORMATION

Address: _____ Address: _____

Mailing: _____ Mailing Address: _____

Primary Home Phone: _____ Primary Home Phone: _____

EMERGENCY CONTACTS

Parents Cell Ph: (Mothers) _____

Parents Cell Ph: (Fathers) _____

Work Phone: _____

Mother

Father

NAME	Phone	Relationship
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1. _____

2. _____

3. _____

Signature: _____ Date: _____

***UTILITY BILL/PROOF OF ADDRESS ARE REQUIRED TO MAKE CHANGES ***