

# CHANGE OF STUDENT ENROLLMENT INFORMATION

|                 |        |      |     |
|-----------------|--------|------|-----|
| <b>Student:</b> |        |      |     |
| First           | Middle | Last | DOB |

|                             |         |               |                             |         |               |
|-----------------------------|---------|---------------|-----------------------------|---------|---------------|
| <b>Parent/Guardian (1):</b> |         |               | <b>Parent/Guardian (2):</b> |         |               |
| Home Phone #:               | Work #: | Cell Phone #: | Home Phone #:               | Work #: | Cell Phone #: |
| Email Address:              |         |               | Email Address:              |         |               |
| Current Mailing Address:    |         |               | Current Mailing Address:    |         |               |
| City, State, Zip Code:      |         |               | City, State, Zip Code:      |         |               |

**Emergency Contacts Must Be 18 Years Old or Older**

|        |          |                                |        |          |
|--------|----------|--------------------------------|--------|----------|
| Adding | Removing | <i>(Circle Type of Change)</i> | Adding | Removing |
|--------|----------|--------------------------------|--------|----------|

|   |         |               |   |         |               |
|---|---------|---------------|---|---------|---------------|
| <b>Emergency Contact (1):</b>   |         |               | <b>Emergency Contact (2):</b>   |         |               |
| <b>Relationship:</b>  |         |               | <b>Relationship:</b>  |         |               |
| Home Phone #:   | Work #: | Cell Phone #: | Home Phone #:   | Work #: | Cell Phone #: |
| Address:  |         |               | Address:  |         |               |
| City, State, Zip Code:  |         |               | City, State, Zip Code:  |         |               |
| Does this individual have permission to check out this student?<br>Please Circle YES NO |         |               | Does this individual have permission to check out this student?<br>Please Circle YES NO |         |               |

|        |          |                                |        |          |
|--------|----------|--------------------------------|--------|----------|
| Adding | Removing | <i>(Circle Type of Change)</i> | Adding | Removing |
|--------|----------|--------------------------------|--------|----------|

|   |         |                |   |         |               |
|---|---------|----------------|---|---------|---------------|
| <b>Emergency Contact (3):</b>   |         |                | <b>Emergency Contact (4):</b>   |         |               |
| <b>Relationship:</b>  |         |                | <b>Relationship:</b>  |         |               |
| Home Phone #:   | Work #: | Cell Phone # : | Home Phone #:   | Work #: | Cell Phone #: |
| Address:  |         |                | Address:  |         |               |
| City, State, Zip Code:  |         |                | City, State, Zip Code:  |         |               |
| Does this individual have permission to check out this student?<br>Please Circle YES NO |         |                | Does this individual have permission to check out this student?<br>Please Circle YES NO |         |               |

**Health Changes**

I hereby certify that the information above is true and correct, and I understand that if I intentionally falsely enroll the student named above in a school not in his or her proper attendance zone, the student may be denied any credit for school work completed while improperly attending the out-of-district school. I further certify that this declaration is not given for the purpose of evading the effect of any court order. I also understand that this certificate is subject to filing in the United States District Court for the Southern District of Alabama, and I consent to its filing with the United States authorities if required.

|                                |       |
|--------------------------------|-------|
| Parent's/Guardian's Signature: | Date: |
| _____                          | _____ |

Official Use Only