



CHANGE OF INFORMATION FORM

RETURN TO REGISTRAR'S OFFICE (COUNSELING SUITE)

STUDENT NAME: _____

DOB _____ GRADE _____ ID NUMBER _____

(Fill in only if new address and attach current natural gas, electric, or water bill)

Number and street _____

City, State, Zip _____

ETHNICITY: **CIRCLE ONLY ONE:**

(1) AMERICAN INDIAN OR ALASKAN NATIVE **(2)** ASIAN OR PACIFIC ISLANDER **(3)** BLACK, NOT OF HISPANIC ORIGIN **(4)** HISPANIC **(5)** WHITE, NOT OF HISPANIC

HOUSEHOLD 1 (CUSTODIAL PARENT WITH WHOM STUDENT LIVES)			
PRIMARY PHONE:			
PARENT NAME:		PARENT NAME:	
RELATIONSHIP TO STUDENT:		RELATIONSHIP TO STUDENT:	
CELL PHONE:		CELL PHONE:	
EMPLOYER:		EMPLOYER:	
WORK PHONE:		WORK PHONE:	
EMAIL ADDRESS:		EMAIL ADDRESS:	

HOUSEHOLD 2 (NON-CUSTODIAL PARENT, IF APPLICABLE) COPY OF DIVORCE DECREE: YES ___ NO ___			
PRIMARY PHONE:			
PARENT NAME:		PARENT NAME:	
RELATIONSHIP TO STUDENT:		RELATIONSHIP TO STUDENT:	
ADDRESS		CITY	ZIP
CELL PHONE:		CELL PHONE:	
EMPLOYER:		EMPLOYER:	
WORK PHONE:		WORK PHONE:	
EMAIL ADDRESS:		EMAIL ADDRESS:	

EMERGENCY CONTACTS			
NAME	RELATIONSHIP	PRIMARY PHONE	OTHER PH (C)(H)
NAME	RELATIONSHIP	PRIMARY PHONE	OTHER PH (C)(H)

PARENT SIGNATURE _____

DATE _____

REGISTRAR _____ NURSE _____ ATTENDANCE _____