

FMHS STUDENT INFORMATION CORRECTION FORM

Please print

NAME _____ ID# _____ GRADE _____ DATE _____

COMPLETE ONLY INCORRECT ITEMS BELOW

OLD INFORMATION	NEW INFORMATION
Name: _____ Address: _____ City: _____ Zip: _____ Home Phone: _____ Emergency Phone: _____ Parent/Guardian Name: _____ Nationality: _____	Name: _____ Address: _____ (CURRENT ELECTRIC, WATER, or GAS BILL MUST BE ATTACHED TO THIS FORM FOR ADDRESS CHANGE.) City: _____ Zip: _____ Home Phone: _____ Emergency Phone: _____ Parent/Guardian Name: _____ Parent/Guardian Signature _____ (SIGNATURE IS REQUIRED FOR ANY CHANGE) Nationality: _____

OFFICE USE ONLY: Attendance: _____ Nurse: _____ Registrar: _____