

**LITCHFIELD ELEMENTARY SCHOOL DISTRICT NO. 79
STUDENT INFORMATION CHANGE FORM**

School Year: 20__/20__

- | | | | |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Barbara B. Robey | <input type="checkbox"/> Belen Soto | <input type="checkbox"/> Corte Sierra | <input type="checkbox"/> Dreaming Summit |
| <input type="checkbox"/> Litchfield | <input type="checkbox"/> L. Thomas Heck | <input type="checkbox"/> Palm Valley | <input type="checkbox"/> Mabel Padgett |
| <input type="checkbox"/> Rancho Santa Fe | <input type="checkbox"/> Scott L. Libby | <input type="checkbox"/> Verrado ES | <input type="checkbox"/> Verrado Heritage |
| <input type="checkbox"/> Verrado MS | <input type="checkbox"/> Western Sky | <input type="checkbox"/> Wigwam Creek | <input type="checkbox"/> White Tanks Learning |

Student's Name (List all Children)	Grade	Teacher

When changing student's home address, you must supply a current gas or electric bill. If address is outside boundaries of current school or district an open enrollment must be submitted online within 10 days.

Student Home Address:		
City	State	Zip
Student's Primary Telephone #		
Student Mailing Address: (if different than home address)		
Street		
City	State	Zip
Mother/Guardian's Name:		Email:
Home Telephone #:	Cell #:	Work #:
Home Address:		
City	State	Zip
Mailing Address: (if different than home address)		
Street		
City	State	Zip
Father/Guardian's Name:		Email:
Home Telephone #:	Cell #:	Work #:
Home Address:		
City	State	Zip
Mailing Address: (if different than home address)		
Street		
City	State	Zip

Contact Information: Contacts other than the parent/guardian will be considered to have your authorization to take your child from school and/or have lunch, visit classroom, or any other non-volunteer activity on campus without any additional authorization or contact from you. **Contacts Listed below will be added to existing emergency contacts already in the student management system, unless noted to remove existing contacts. **All Contacts must be over 18.**

Contact #1 Name:		Relationship:
Home Telephone #:	Cell Telephone #:	Work Telephone #:
Contact #2 Name:		Relationship:
Home Telephone #:	Cell Telephone #:	Work Telephone #:
Contact #3 Name:		Relationship:
Home Telephone #:	Cell Telephone #:	Work Telephone #:
Contact #4 Name:		Relationship:
Home Telephone #:	Cell Telephone #:	Work Telephone #:

Parent/Guardian Signature

Date