

MERCER ISLAND SCHOOL DISTRICT
Student Change of Information

For best results when filling out this form on your computer, download it first and open in Adobe Acrobat Reader or the equivalent.

Island Park Elementary
5437 Island Crest Way
Mercer Island, WA 98040
carol.siebert@mercerislandschools.org

Lakeridge Elementary
8215 SE 78th ST.
Mercer Island, WA 98040
kerri.goldner@mercerislandschools.org

Northwood Elementary
4030 86th Ave SE
Mercer Island, WA 98040
laura.bowers@mercerislandschools.org

West Mercer Elementary
4141 81st Ave SE
Mercer Island, WA 98040
lynn.lawrence@mercerislandschools.org

Islander Middle School
7447 84th Ave SE
Mercer Island, WA 98040
marcy.berejka@mercerislandschools.org

Mercer Island High School & Crest Learning Center
9100 SE 42nd
Mercer Island, WA 98040
yuliana.torres@mercerislandschools.org

MISD District Administration
4160 86th AVE SE
Mercer Island, WA 98040
jiovanna.koceski@mercerislandschools.org

Student Name: _____ Legal Name: _____
Class of: _____ Date: _____

Submit 1 form per family, During the school year submit form to an appropriate school. During the summer, submit form to the District Administration Building, 4160 86th Ave SE, Mercer Island, WA 98040, Attn:Jiovanna Koceski.

Please fill out only the information that's changing:

Previous Address: _____

*New Address: _____

***You are REQUIRED to submit a proof of residency for a new address.**

Previous Home Phone Number: _____ New Home Phone Number: _____

1st Parent/Guardian Name _____

Work Phone Number _____ Cell Phone Number _____

1st Parent/Guardian Email Address _____

2nd Parent Guardian Name _____

Work Phone Number _____ Cell Phone Number _____

2nd Parent/Guardian Email Address _____

Additional Information:

Is this a temporary living situation: ___ Yes ___ No. If Yes, please indicate where the student is living: ___ in a shelter
___ in a car ___ in a motel/hotel ___ with more than one family in a house or apartment ___ with friends or a relative
Other (please specify): _____

Does the living situation checked above result from a loss of housing or from economic hardship ___ Yes ___ No ___ Not sure

Change in Emergency Contact List:

In addition to who is listed in Skyward, please ADD (local contacts only):

(1.) Name _____ Relationship _____

(H) Phone Number _____ (W) Phone Number _____ (C) Phone Number _____

(2.) Name _____ Relationship _____

(H) Phone Number _____ (W) Phone Number _____ (C) Phone Number _____

REMOVE the following previous emergency contacts:

Name _____

Name _____

Parent/Guardian Signature _____

FOR OFFICE USE ONLY

Entered by _____ Date _____ By Phone