

Directory Information Change Form

Date _____

Please return this form to your student's building of attendance along with your proof of residence (i.e. utility bill for fixed service such as cable/gas, signed lease agreement or notarized statement from landlord).

Change of Address

Custody Change

SHS

Glenford

SMS

Somerset

Electronic

Thornville

Student Last Name _____ Student First Name _____

Student Last Name _____ Student First Name _____

Student Last Name _____ Student First Name _____

Building Change: Yes No From _____ To _____

New Property Address _____

New Mailing Address (if different) _____

New Phone Number (will be listed as home phone) _____

Old Address _____

Old Phone Number _____

Student Resides With: (circle the appropriate response)

Mother/Father Mother Father Mother/Step-Father Father/Step Mother Grandparent Other

Mother's Name _____ Phone _____

Step ___ Foster ___

Father's Name _____ Phone _____

Step ___ Foster ___

Other Guardian's Name _____ Phone _____

Address _____

Signature of Parent requesting Change _____

For Office Use Only

Proof of Residence attached and filed

Bus Garage Notified

Updated Custody papers attached and filed

Other Buildings Notified

Updated Emergency Medical Form filed

Signature of building staff submitting change

IC Updated

Open Enrollment Form (if applicable)
