



People of God;
People for Others

Change of Information Form

Student

Name: _____ **Date of Birth:** _____
(Last) (First) (Middle)

Current School: _____ **Grade:** _____ **Age:** _____ Sex: M F

Student's New Address*: _____ **Home Phone:** _____

Student's Previous Address: _____

***Two (2) proofs of residency must be presented when an address change is submitted.**

Parent1 /GuardianName: _____

New Address: _____ **Parent1 Phone1:** _____

Previous Address: _____ **Parent1 Phone2:** _____

E-mail: _____

Parent2 /Guardian Name: _____

New Address: _____ **Parent2 Phone1:** _____

Previous Address: _____ **Parent2 Phone2:** _____

E-mail: _____

Name of Siblings

School

Grade

Date of Birth

Emergency Contact Person: _____ **Phone#:** _____
(If Parent/Guardian is not available)

Emergency Contact Person: _____ **Phone#:** _____
(If Parent/Guardian is not available)

Parent/Guardian Signature: _____ **Date:** _____
