

CASTLE ROCK CHARTER SCHOOL
Del Norte County Office of Education
301 W. Washington Blvd., Crescent City, CA 95531
Telephone (707) 464-0390 Fax (707) 464-9606

- Change of address
- Change of phone number
- Change of ST
(Needs Admin. Initial & Addendum)
- Change of student name
- Change of grade level.
(Needs Admin. Initial)

CHANGE FORM

Today's Date: _____

Student Last Name: _____ Student First Name: _____

Student Birth Date: _____

Address Change

New Physical Address: _____
Street City State Zip Code

New Mailing Address: _____
Street City State Zip Code

Phone number changes: Please indicate the name of the person associated with the new phone number.

New Home Phone #: _____ Name: _____

New Cell Phone #: _____ Name: _____

New Student Cell Phone #: _____

New Additional Contact #: _____ Name: _____

New Student Name: _____
(Please attach a copy of legal documentation)

Supervising Teacher Change Effective Date of Change: _____

Current ST: _____ New ST: _____

Grade level change: Current Grade Level: _____ New Grade Level: _____

(For ST and grade level changes only): Administrator's Initials _____

CHANGE FORM COMPLETED BY: _____

For Office Use Only

AERIES _____ ACCOUNTING/STUDENT ACCOUNTS _____ LIBRARY _____ TECH SERVICES _____

SCHOOL SECRETARY _____ (If ST Change) REGISTRAR _____ (If ST or Grade Change) Addendum – Y or N