



# Student Information Update Form

Dear Parent/Guardian:

Please complete, and return, this form to school by Friday, September 8, 2022. This form is to update us with any changes to your child's contact information.

The contact information that you list will be used for your child in case of an emergency so it is very important that we have current information for all of the contacts that you list. NOTE: Only those listed will be able to pick your child up from school. Anyone **not** listed, will not be allowed to pick your child up from school without prior written consent from you. Thank you for your assistance in keeping our records current.

Student's Legal Name:	_____			
	<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>	<small>Preferred Name (Nickname)</small>
Physical Address:	_____			
	<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Mailing Address (if different):	_____			
	<small>Street / P. O. Box (if applicable)</small>	<small>City</small>	<small>State</small>	<small>Zip</small>

Is this student a dependent of a full or part time, active duty member of the Armed Forces? (Army, Navy, Air Force, Marines, Coast Guard, National Guard) <input type="checkbox"/> No <input type="checkbox"/> Yes, Full-time <input type="checkbox"/> Yes, Part-time
Does this child have health insurance? (including NJ Family Care/Medicaid/Medicare, private or other) <input type="checkbox"/> Yes <input type="checkbox"/> No

## PARENT OR GUARDIAN INFORMATION – In order of contact

<b>1</b> Name: _____
Select one <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
<input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____
Lives in home with student: <input type="checkbox"/> Yes
<input type="checkbox"/> No <input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared/Joint Custody
Email Address: _____
Home Phone: _____
Cell Phone: _____
Employer: _____
Work Phone: _____ ext. _____
<b>Address (if different from student):</b> _____
Custody/Guardianship papers provided: <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>2</b> Name: _____
Select one <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
<input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____
Lives in home with student: <input type="checkbox"/> Yes
<input type="checkbox"/> No <input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared/Joint Custody
Email Address: _____
Home Phone: _____
Cell Phone: _____
Employer: _____
Work Phone: _____ ext. _____
<b>Address (if different from student):</b> _____
Custody/Guardianship papers provided: <input type="checkbox"/> Yes <input type="checkbox"/> No

## EMERGENCY CONTACT INFORMATION (In case 1 & 2 cannot be contacted):

<b>3</b> Name: _____
Relationship to Student: _____
Home Phone: _____
Cell Phone: _____

<b>4</b> Name: _____
Relationship to Student: _____
Home Phone: _____
Cell Phone: _____