



CAVELERO MID HIGH SCHOOL

**Address Change /
Student Info Update****DIRECTIONS**

1. Print form
2. Complete Student Info
3. Fill in only areas that require a change
4. Primary Household Parent or Guardian Signature Required

STUDENT INFO**STUDENT NAME**

Last name _____ First name _____ Middle name _____

Date of birth _____ Student ID# _____ Grade _____ Today's date _____

FAMILY #1**PARENT / GUARDIAN #1**

Last name _____ Home phone _____

First name _____ Cell phone _____

Middle name _____ Work phone _____

Email: _____

Relationship: Mother Father Guardian

Parent/guardian signature (required to complete change) _____**PARENT / GUARDIAN #2**

Last name _____ Cell phone _____

First name _____ Work phone _____

Middle name _____

Email: _____

Relationship: Mother Father Guardian
Step-Mother Step-Father**OLD** Street Address: _____ City: _____ State: _____ Zip: _____**NEW** Street Address: _____ City: _____ State: _____ Zip: _____**OLD** Mailing Address: _____ **NEW** Mailing Address: _____**FAMILY #2****PARENT / GUARDIAN #1**

Last name _____ Home phone _____

First name _____ Cell phone _____

Middle name _____ Work phone _____

Email: _____

Relationship: Mother Father Guardian

PARENT / GUARDIAN #2

Last name _____ Cell phone _____

First name _____ Work phone _____

Middle name _____

Email: _____

Relationship: Mother Father Guardian
Step-Mother Step-Father**OLD** Street Address: _____ City: _____ State: _____ Zip: _____**NEW** Street Address: _____ City: _____ State: _____ Zip: _____**OLD** Mailing Address: _____ **NEW** Mailing Address: _____

When injury or illness or other emergency situations occur involving your child, we want to be able to quickly reach family members, neighbors, and other responsible adults (age 18 or older). If we cannot reach a parent/guardian, please list individuals who are available to provide care for your child.

EMERGENCY CONTACT INFORMATION	EMERGENCY CONTACT		Add	Delete	EMERGENCY CONTACT		Add	Delete
	<hr/>				<hr/>			
	Last name		<hr/>		Last name		<hr/>	
	First name		<hr/>		First name		<hr/>	
	Middle name		<hr/>		Middle name		<hr/>	
	Relationship to student:		<hr/>		Relationship to student:		<hr/>	
	<hr/>				<hr/>			
	EMERGENCY CONTACT		Add	Delete	EMERGENCY CONTACT		Add	Delete
<hr/>				<hr/>				
Last name		<hr/>		Last name		<hr/>		
First name		<hr/>		First name		<hr/>		
Middle name		<hr/>		Middle name		<hr/>		
Relationship to student:		<hr/>		Relationship to student:		<hr/>		

FOR OFFICE USE ONLY

Date Received	Date Completed	Emergency Info Book Updated	Completed By
		Yes	

Please return this completed form to the Registrar.