



OXNARD HIGH SCHOOL

3400 W. Gonzales Rd.
Oxnard, CA 93036
(805) 278-2907



Name and/or Gender Change Form (Unofficial Change of Name and/or Gender of minor at OHS)

I, _____, hereby request to have my name or my
child's name change from (Student's Official Name) _____
First Middle Last

And this day forward by known as: _____
First

And furthermore, if applicable, be identified with a preferred gender of:

Male Female Gender Non-Binary

Student's Personal Pronouns (Select all that apply):

He/Him She/Her They/Them

Student's Date of Birth: _____ Student's ID Number: _____

I understand that this form applies only to unofficial pupil records maintained by Oxnard High School, changes to official records, require that a student or guardian present the school with legal documentation documenting a legal name change.

Date: _____

Print Name: _____

Signature: _____

Check one: Student Parent Guardian

FOR SCHOOL TO COMPLETE

Date Received: _____ Data Entered on Synergy: _____ Initial: _____



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“Committed to a Standard of Excellence in Academics, Activities, and Athletics”

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