Gwinnett County Public Schools
K-12 STATUS CHANGE FORM

LOCAL SCHOOL USE ONLY	SCHOOL TO MAINTAIN A COPY IN THE PERMANENT RECORD FILE ALONG WITH THE ORIGINAL ENROLLMENT FORM	
	School	**FTE ID #**
	Student ID #	**GTID #**

STUDENT INFORMATION
Please print all information on this form

Date of Change_____/_____/_____
(MM) (DD) (YYYY)

Student Name _____
(Last Name) (First Name) (Middle Name) (Suffix)

Grade_____**Preferred Name at School**_____**Birth Date**_____/_____/_____
(MM) (DD) (YYYY)

Parent/Guardian phone number_____/_____/_____
Home Cell Work

New Home Address_____ **Apt.**_____

City_____**Zip Code** _____

New Mailing Address (*if different than home address*)_____

City_____**Zip Code** _____

ENROLLING PARENT/GUARDIAN INFORMATION
If different from initial enrollment form

Parent/Guardian _____
(Last Name) (First Name) (Middle Name) (Suffix)

Address_____**Apt. #** _____

City_____**Zip Code** _____

Parent/Guardian phone number_____/_____/_____
Home Cell Work

Parent/Guardian Email Address_____

**** FORM MUST BE SIGNED BY ENROLLING PARENT/GUARDIAN & COPY OF PHOTO ID PROVIDED ****

Gwinnett County Public Schools
K-12 STATUS CHANGE FORM

LOCAL SCHOOL USE ONLY	SCHOOL TO MAINTAIN A COPY IN THE PERMANENT RECORD FILE ALONG WITH THE ORIGINAL ENROLLMENT FORM	
	School	FTE ID #
	Student ID #	GTID #

EMERGENCY CONTACT CHANGES

NAME	PHONE NUMBER	RELATIONSHIP TO STUDENT

I hereby certify that as the enrolling parent/guardian all the information provided is complete and true to the best of my knowledge.

Parent/Legal Guardian Signature_____**Date** _____

**** FORM MUST BE SIGNED BY ENROLLING PARENT/GUARDIAN & COPY OF PHOTO ID PROVIDED ****