



## Back to School Household Form 2024-2025 (One per HOUSEHOLD): English

Use this form to update and/or change your household information – IMPORTANT – enter emergency contact information you want listed for your students, any emergency contacts not listed below will be removed from student emergency contact list in Infinite Campus. If a student needs to update more than one households' data a separate form is -used for each household.

**HOUSEHOLD INFORMATION – PARENT/GUARDIAN – PLEASE PRINT (only list parent/guardians in SAME household)**

Relationship to student (check one): Parent Legal Guardian (court designated) Stepparent Foster Parent Other \_\_\_\_\_

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

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Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ **Email Address – Important for communication** \_\_\_\_\_

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Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Other parent/guardian in SAME household

Relationship to student (check one): Parent Legal Guardian (court designated) Stepparent Foster Parent Other \_\_\_\_\_

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

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Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ **Email Address – Important for communication** \_\_\_\_\_

### Non Household - ADULT EMERGENCY CONTACT INFORMATION (Do not list parent/guardians) will be contacted if parent/guardian can't be reached, and can pick student up.

<p>_____</p> <p>Last Name _____ First Name _____ Middle Name _____ Gender _____</p> <hr/> <p>Home Phone _____ Work Phone _____ Cell Phone _____ Relationship _____</p> <hr/> <p>Address _____ Apt# _____ City _____ State _____ Zip _____</p>	<p>_____</p> <p>Last Name _____ First Name _____ Middle Name _____ Gender _____</p> <hr/> <p>Home Phone _____ Work Phone _____ Cell Phone _____ Relationship _____</p> <hr/> <p>Address _____ Apt# _____ City _____ State _____ Zip _____</p>
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### SPPS STUDENT INFORMATION – Please enter Legal Name (as it appears on the birth record) (if you need more space please list additional students on other side.)

Last Name _____	First Name _____	Middle Name _____	Suffix _____	24/25 School _____	Student Number _____
Last Name _____	First Name _____	Middle Name _____	Suffix _____	24/25 School _____	Student Number _____
Last Name _____	First Name _____	Middle Name _____	Suffix _____	24/25 School _____	Student Number _____
Last Name _____	First Name _____	Middle Name _____	Suffix _____	24/25 School _____	Student Number _____

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_