

**Gwinnett County Public Schools
K-12 STATUS CHANGE FORM**

SCHOOL TO MAINTAIN A COPY IN THE PERMANENT RECORD FILE ALONG WITH ORIGINAL ENROLLMENT FORM

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

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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 _____