Diman Regional Vocational Technical High School

FALL RIVER • SOMERSET

SWANSEA • WESTPORT

Change of Information Form

Student Name:_____ Student ID:_____

DOB:_____ Shop:_____ YOG:_____ Grade:_____

Who needs to change their Address? Please list the student(s) and the contacts that reside at this address:

_____

Old Address		
Street:	City/State:	Zip Code:
New Address		
Street:	City/State:	Zip Code:

Who needs to update their Phone Number? _____

Old	Home	Cell	Work
New	Home	Cell	Work

Do you need to add a new contact for your student?

Name:	Relationship:	Phone Number:	Can Contact Dismiss Student? Yes / No
Email:			
Address:			
Name:	Relationship:	Phone Number:	Can Contact Dismiss Student? Yes / No
Email:			
Address:			

Parent/ Guardian Signature: _____ Date: _____