MERCER ISLAND SCHOOL DISTRICT

Student Change of Information
NAME AND/OR GENDER

For best results when filling out this form on your computer, download it first and open in Adobe Acrobat Reader.

Submit 1 form per family. During the school year submit form to the registrar of the appropriate school. During the summer, form should be sent to the District Administration Building, 4160 86th Ave SE, Mercer Island, WA 98040, Attn: Learning Services.

Island Park Elementary
5437 Island Crest Way
Mercer Island, WA 98040
breanna.adamiak@mercerislandschools.org

Lakeridge Elementary
8215 SE 78th
Mercer Island, WA 98040
kerri.goldner@mercerislandschools.org

Northwood Elementary
4030 86th Ave SE
Mercer Island, WA 98040
ellen.marks@mercerislandschools.org

West Mercer Elementary
4141 81st Ave SE
Mercer Island, WA 98040
lynn.lawrence@mercerislandschools.org

Islander Middle School
7447 84th Avenue SE
Mercer Island, WA 98040
marcy.berejka@mercerislandschools.org

Mercer Island High School & Crest Learning Center
9100 SE 42nd
Mercer Island, WA 98040
monica.moline@mercerislandschools.org

Date: _____

Student first and last name (as they appear in Skyward): _____

Student legal name: _____

Grade: _____ Grad year: _____

Information to be changed:

Student preferred first name: _____

Note: for high school students, both the preferred name and legal name will print on transcripts.

Student gender as listed in Skyward: Male ☐ Female ☐ Blank/Non-Binary ☐

Student gender if being changed: Male ☐ Female ☐ Blank/Non-Binary ☐

Parent/Guardian signature _____

Student signature _____

*Note: Per Washington State law, **if a student requests change(s) listed on this form,** the parent/guardian signature is **not required.***

FOR OFFICE USE ONLY:

Entered by: _____ ***Date*** _____ ☐ ***By phone***