Julius E. Sprauve School

DEMOGRAPHIC CHANGE FORM

FOR OFFICE USE ONLY SID: DATE:

INSTRUCTIONS: PLEASE COMPLETE ONLY THE ITEMS YOU WOULD LIKE TO HAVE CORRECTED.

Student's First Name M.I. Last Name

Date of Birth Parent/Guardian Signature Date

Physical Address	Mailing Address
Number Street Apt #	Number/P.O. Box # Street Apt #
City State Zip Code	City State Zip Code

Main Contact Phone #

this number will be used for the School's Automated Phone Calls

PARENT/GUARDIAN CONTACT INFORMATION

FIRST PARENT/GUARDIAN

Check one: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (specify):_____ Relation: ☐ Father ☐ Mother ☐ Legal Guardian

Last Name First Name

Cellular Phone# Work Phone# (include ext.) Other Phone#

Email Address

SECOND PARENT/GUARDIAN

Check one: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (specify):_____ Relation: ☐ Father ☐ Mother ☐ Legal Guardian

Last Name First Name

Cellular Phone# Work Phone# (include ext.) Other Phone#

Email Address

EMERGENCY CONTACT INFORMATION:

Check one: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (specify):_____ Relation:_____

Last Name First Name

Cellular Phone# Work Phone# (include ext.) Other Phone#

OTHER CHANGE (PLEASE SPECIFY):_____

Submit Button