

Student / Household information change form

Student(s) Name

Student ID#

Updated Contact information:

Name	Relationship	Phone	Email
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Emergency Contacts: (please indicate full name, relationship, and phone number)

**** Please note this does not provide permission for your emergency contact to communicate, check out, or call in to excuse your student. This is a means of assistance in reaching the Parent in an Emergency.**

Parent's signature (required on ALL changes)

Date

Please send this signed sheet and any necessary documents to:

Shannon Mason / Registrar

303-387-1080 phone 303-387-1082

Email: shannon.mason@dcsdk12.org