



Student Name: _____ ID#: _____ Grade: _____

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ADDRESS CHANGE

UTILITY BILL/PROOF OF RESIDENCY REQUIRED FOR ADDRESS CHANGE

**CHANGE OF HOUSEHOLDS REQUIRES UPDATED ENROLLMENT*

New address: _____

City: _____ Zip Code: _____

NEW EMERGENCY CONTACTS

Name: _____

Relationship to student: _____

Phone: _____

Name: _____

Relationship to student: _____

Phone: _____

PARENT/GUARDIAN CONTACT INFORMATION

Mother's Name: _____

Cell: _____ Work: _____

Email: _____

Father's Name: _____

Cell: _____ Work: _____

Email: _____

Person authorizing changes:

****REQUIRED****

Name Relationship

Signature: _____ Date: _____

Received by staff: _____ Data Entry: _____