

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: A request may be submitted by either a student or parent/guardian. Requests will be reviewed and processed in accordance with District Policy 3211, Procedure 3211P, applicable law, and applicable OSPI guidance.

FOR OFFICE USE ONLY:

Entered by:

Date

By phone

☐