CAVELERO MID HIGH SCHOOL

Address Change / Student Info Update

DIRECTIONS
1. Print form
2. Complete Student Info
3. Fill in only areas that require a change
4. Primary Household Parent or Guardian Signature Required

STUDENT INFO

STUDENT NAME

Last name _____ First name _____ Middle name _____

Date of birth _____ Student ID# _____ Grade _____ Today's date _____

FAMILY #1

PARENT / GUARDIAN #1		PARENT / GUARDIAN #2	
Last name	Home phone	Last name	Cell phone
First name	Cell phone	First name	Work phone
Middle name	Work phone	Middle name	
Email:		Email:	
Relationship: ☐ Mother ☐ Father ☐ Guardian		Relationship: ☐ Mother ☐ Father ☐ Guardian ☐ Step-Mother ☐ Step-Father	
Parent/guardian signature (required to complete change)			

OLD Street Address: City: State: Zip:

NEW Street Address: City: State: Zip:

OLD Mailing Address:

NEW Mailing Address:

FAMILY #2

PARENT / GUARDIAN #1		PARENT / GUARDIAN #2	
Last name	Home phone	Last name	Cell phone
First name	Cell phone	First name	Work phone
Middle name	Work phone	Middle name	
Email:		Email:	
Relationship: ☐ Mother ☐ Father ☐ Guardian		Relationship: ☐ Mother ☐ Father ☐ Guardian ☐ Step-Mother ☐ Step-Father	

OLD Street Address: City: State: Zip:

NEW Street Address: City: State: Zip:

OLD Mailing Address:

NEW Mailing Address:

When injury or illness or other emergency situations occur involving your child, we want to be able to quickly reach family members, neighbors, and other responsible adults (age 18 or older). If we cannot reach a parent/guardian, please list individuals who are available to provide care for your child.

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT ☐ Add ☐ Delete

Last name _____ Home phone _____

First name _____ Cell phone _____

Middle name _____ Work phone _____

Relationship to student:

EMERGENCY CONTACT ☐ Add ☐ Delete

Last name _____ Home phone _____

First name _____ Cell phone _____

Middle name _____ Work phone _____

Relationship to student:

EMERGENCY CONTACT ☐ Add ☐ Delete

Last name _____ Home phone _____

First name _____ Cell phone _____

Middle name _____ Work phone _____

Relationship to student:

EMERGENCY CONTACT ☐ Add ☐ Delete

Last name _____ Home phone _____

First name _____ Cell phone _____

Middle name _____ Work phone _____

Relationship to student:

FOR OFFICE USE ONLY

Date Received	Date Completed	Emergency Info Book Updated	Completed By
		☐ Yes	

Please return this completed form to the Registrar.