

CHANGE OF ADDRESS/INFORMATION FORM

Today's Date: / /

Student's Name: _____ Year of Graduation _____

Parent's Name: _____

Note: Only complete CHANGES below; leave blank any information that has not changed.

Student Address: _____

HOME Phone Number: _____

CELL Phone Numbers: Mother's: _____
 Father's: _____

WORK Phone Numbers: Mother's: _____
 Father's: _____

Parent's Primary E-Mail: _____

Has there been a change in custodial rights? No Yes

If so, please attach a copy of the custodial agreement.

Are you requesting a change to the approved list of people for student pick-up?

No Yes If yes, provide the following information:

Name & Phone Number: _____ Add Delete

Name & Phone Number: _____ Add Delete

Parent's Signature: _____ Date: _____

Please return this completed form to Mrs. Henderson in the Central Office.

FOR OFFICE USE ONLY

Please initial when changes have been entered. Return this sheet to the Central Office.

↓
____ Registrar
____ Dean's Office
____ Business Office
____ Principal

→ Return this form to the Central Office

Rev. 8/2012