

CHANGE OF STUDENT INFORMATION



Student Name: _____ Student ID #: _____

Primary Contact Number for School Call Out System: _____

****ONLY FILL OUT INFORMATION THAT IS BEING CHANGED OR ADDED****

NEW Address Must Attach Utility Bill or Current Lease Agreement	Physical Address	Mailing Address (If applicable)
Street		
City, State, Zip		

OLD Address	Physical Address	Mailing Address (If applicable)
Street		
City, State, Zip		

Parent/Guardian Info	Mother	Father
Name		
Home/Cell Phone		
Work Phone		
Email		

ADDITIONAL PEOPLE WHO HAVE PERMISSION TO PICK UP STUDENT FROM SCHOOL		
Name	Phone Number	Relationship to Student

PLEASE REMOVE THE FOLLOWING NAME(S) FROM MY STUDENT CONTACT		
Name	Phone Number	Relationship to Student

Parent/Guardian Signature

Date

Please attach a copy of your current utility bill (water, gas, or electric) and/or current lease agreement for address change. All changes require a copy of TDL or government ID.

Return to Registrar's Office with necessary documents for processing.