



# CHANGE OF INFORMATION FORM

RETURN TO REGISTRAR'S OFFICE (COUNSELING SUITE)

STUDENT NAME: \_\_\_\_\_

DOB \_\_\_\_\_ GRADE \_\_\_\_\_ ID NUMBER \_\_\_\_\_

(Fill in only if new address and attach current natural gas, electric, or water bill)  
 Number and street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

STEP 1: **CIRCLE ONLY ONE:**    HISPANIC/LATINO    NOT HISPANIC/LATINO

STEP 2: CHOOSE ONE OR MORE REGARDLESS OF ETHNICITY:

- (A) AMERICAN INDIAN/ALASKA NATIVE;    (B) ASIAN;    (C) BLACK/AFRICAN AMERICAN;  
 (D) NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER;    (E) WHITE

<b>HOUSEHOLD 1 (CUSTODIAL PARENT WITH WHOM STUDENT LIVES)</b>			
PRIMARY PHONE: _____			
PARENT NAME:		PARENT NAME:	
RELATIONSHIP TO STUDENT:		RELATIONSHIP TO STUDENT:	
CELL PHONE:		CELL PHONE:	
EMPLOYER:		EMPLOYER:	
WORK PHONE:		WORK PHONE:	
EMAIL ADDRESS:		EMAIL ADDRESS:	

<b>HOUSEHOLD 2 (NON-CUSTODIAL PARENT, IF APPLICABLE)    COPY OF DIVORCE DECREE: YES ___ NO ___</b>			
PRIMARY PHONE: _____			
PARENT NAME:		PARENT NAME:	
RELATIONSHIP TO STUDENT:		RELATIONSHIP TO STUDENT:	
ADDRESS	CITY	ZIP	
CELL PHONE:		CELL PHONE:	
EMPLOYER:		EMPLOYER:	
WORK PHONE:		WORK PHONE:	
EMAIL ADDRESS:		EMAIL ADDRESS:	

EMERGENCY CONTACTS			
NAME	RELATIONSHIP	PRIMARY PHONE	OTHER PH (C)(H)
NAME	RELATIONSHIP	PRIMARY PHONE	OTHER PH (C)(H)

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

REGISTRAR \_\_\_\_\_ NURSE \_\_\_\_\_ ATTENDANCE \_\_\_\_\_