

Change To Student Contact Information

Please Note: A biological parent or LEGAL guardian is the only authorized person to make changes to the student contacts

Student Name: _____ Student ID: _____

Name of contact to be added: _____

Contact's Phone Numbers: Primary: _____ Cell: _____

Does this contact reside in your home with the student: Yes No

If no, please provide the address for this contact: _____

Contact's Relationship to this student: _____

This contact has the following rights to this student:

- Release student from school Communicate with school officials regarding the student
- Receive written correspondence regarding this student Same rights as the parent

Are there any court orders or legal bindings that limit or prevent contact with this student?

Yes No (If yes, a copy of the Order must be on file with the child's school.)

Parent/Legal Guardian Signature: _____

Witness: _____ Date: _____