

MARCUS HIGH SCHOOL CHANGE OF INFORMATION FORM

PLEASE FILL OUT ONLY THE INFORMATION TO BE CHANGED

Student Name: _____ Student ID: _____

Grade Level: _____

Primary Phone Number: _____

Home Phone Number: _____

Father's Name: _____ Cell: _____ Work: _____

Mother's Name: _____ Cell: _____ Work: _____

Emergency Contact: Name/Relationship _____

Home: _____ Cell: _____ Work: _____

Father's Email Address: _____

Mother's Email Address: _____

Signature: _____ Date: _____

******* ADDRESS CHANGES *******

**MUST PROVIDE CURRENT UTILITY BILL GAS, WATER OR ELECTRIC WITH
NAME AND ADDRESS SHOWING**

PLEASE RETURN TO REGISTRAR'S OFFICE

