

PUPIL INFORMATION CHANGE FORM

LEGAL NAME: FIRST		MIDDLE NAME		LAST NAME		SOCIAL SECURITY NUMBER						
ADDRESS & APT. NO.						DATE OF BIRTH						
CITY		ZIP CODE		PLACE OF BIRTH (CITY,STATE)								
HOME TELEPHONE		SEX (M OR F)	RACE		WHO HAS LEGAL CUSTODY OF CHILD?							
PARENT / GUARDIAN INFORMATION: PLEASE COMPLETE ONE BLOCK FOR EACH PARENT OR GUARDIAN												
RELATIONSHIP	HOME TELEPHONE		WORK TELEPHONE & EXT		RELATIONSHIP	HOME TELEPHONE		WORK TELEPHONE & EXT				
NAME: FIRST		MIDDLE		LAST		NAME: FIRST		MIDDLE		LAST		
ADDRESS			CITY		ZIP CODE		ADDRESS			CITY		ZIP CODE
EMPLOYER			OCCUPATION			EMPLOYER			OCCUPATION			
PERSON TO CONTACT IN AN EMERGENCY IF PARENT / GUARDIAN CANNOT BE REACHED												
RELATIONSHIP		HOME TELEPHONE		WORK TELEPHONE		RELATIONSHIP		HOME TELEPHONE		WORK TELEPHONE		
NAME: FIRST		MIDDLE		LAST		NAME: FIRST		MIDDLE		LAST		
FAMILY INFORMATION: PLEASE LIST ALL BROTHERS AND SISTERS AGED 4 TO 18												
LAST NAME		FIRST NAME			SEX	DATE OF BIRTH		ID NUMBER			STUDENT LIVES WITH: (CHECK ONE) <input type="checkbox"/> A BOTH PARENTS <input type="checkbox"/> B FATHER ONLY <input type="checkbox"/> C MOTHER ONLY <input type="checkbox"/> D FATHER & STEPMOTHER <input type="checkbox"/> E MOTHER & STEPFATHER <input type="checkbox"/> F FOSTER PARENTS <input type="checkbox"/> G LEGAL GUARDIAN <input type="checkbox"/> H INSTITUTION <input type="checkbox"/> I OTHER <input type="checkbox"/> J SELF	
CURRENT SCHOOL AND GRADE												
GRADE		SCHOOL										
I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND CORRECT.												
SIGNED:						DATE:						
I HEREBY GIVE CONSENT FOR EMERGENCY MEDICAL TREATMENT.												
SIGNED:						DATE:						
OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE												
GRADE			ETHNIC			ZONE/BLOCK			SCHOOL NO.			
SUBMITTED BY:						NOTES:						
NAME & DATE												