

CHANGE OF INFORMATION FORM

Proof of residency <u>MUST</u> be attached if reporting a new address. (This can be a CURRENT Water or Electric bill, Phone bill, Cable bill, signed lease or Homestead Exemption Card.)

<u>REQUIRED</u> Student Information: This section must be <u>completely</u> filled out.

Student Name:	0	Grade:	Cell Phone	2:	
NEW Home Address			City	State	Zip
Preferred Email Address:					
Sibling Name (First and Last)	Sibling School		Grade		
Sibling Name (First and Last)	Sibling School		Grade		
Sibling Name (First and Last)	Sibling School		Grade		
Sibling Name (First and Last)	Sibling School		Grade		

Parent/Guardian Information: (Please do not complete this section if your phone/email information has not changed.)

Parent 1 First Name	Parent	1 Last Name	NEW Cell Phone	Relationship				
Parent 1 First Name	Parent 1 Last Name		NEW Cell Phone	Relationship				
First Name	Las	st Name	NEW Cell Phone	Relationship				
Parent 1 NEW Email Address: Parent 2 NEW Email Address:								
<u>REQUIRED</u> Parent Approval: (forms without signatures will not be processed):								
Date: Signature of Parent or Guardian								
FOR OFFICE USE ONLY:								
Student ID #	Focus	Initials:	LCD Mainframe	Initials:				