

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.)

dent Name:	Grade	e: Cell Phone:	
NEW Home Addi	ress	City	State Zip
ferred 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) arent/Guardian Informa	Sibling School Ation: (Please do not complete	Grade e this section if your phon	e/email information has
arent/Guardian Informa anged.) Parent 1 First Name	Ation: (Please do not complete Parent 1 Last Name	e this section if your phon NEW Cell Phone	Relationship
arent/Guardian Informa	ation: (Please do not complete	e this section if your phon	
arent/Guardian Informa anged.) Parent 1 First Name	Ation: (Please do not complete Parent 1 Last Name	e this section if your phon NEW Cell Phone	Relationship
Parent 1 First Name Parent 1 First Name	Parent 1 Last Name Parent 1 Last Name Last Name	NEW Cell Phone NEW Cell Phone NEW Cell Phone	Relationship Relationship Relationship
Parent 1 First Name Parent 1 First Name First Name	Parent 1 Last Name Parent 1 Last Name Last Name Paren	NEW Cell Phone NEW Cell Phone NEW Cell Phone NEW Cell Phone NEW Cell Phone	Relationship Relationship Relationship

Initials:

Focus

Student ID #

LCD Mainframe

Initials: