



**Student & Family/Guardian**  
Change of Contact Information

**Student Last Name:** \_\_\_\_\_ **Student First Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent / Guardian Contact Information - Please Print:**

**Full Name 1:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Legal Guardian:      Yes              No

**Full Name 2:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Legal Guardian:      Yes              No

**My signature on this form authorizes the changes above to be entered on my students record.**

\_\_\_\_\_  
Name of Parent/Guardian (Print)

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_