

Student Change of Information Form

Student Name _____ Date _____

Old Address _____

New Address _____

Has the entire household moved? _____ Yes _____ No

Who has **not** moved to the new address? _____

Have mailing or portal rights changed? _____ Yes _____ No

List: _____

If pickup information has changed, please fill out a new form or correct the pickup form on file.

Household Phone Number: Old Number _____ New Number _____

Cell Phone: Number to change _____ New number _____ Name _____

Cell Phone: Number to change _____ New number _____ Name _____

Cell Phone: Number to change _____ New number _____ Name _____

Email address correction _____

Email correction for whom? _____

Email address correction _____

Email correction for whom? _____

Who is requesting this change? _____ Relationship? _____

Staff member receiving this request? _____

Date change will take effect Immediately or _____/_____/_____