

CHANGES TO STUDENT'S REGISTRATION INFORMATION

PRINT CLEARLY

Changes can only be made by authorized parent or guardian. A copy of the Parent/Guardian's ID must be attached.

Submitted By: _____ Relationship to Student: _____ Date: _____

Signature: _____ TDL #: _____

Please make the following changes to the following student(s) registration information:

Student's Legal Name: _____ DOB: _____

ID: _____ Grade: _____

Circle: Address ****(must attach new proof: electric, water or gas bill; contract/lease)**** Email Primary Home #

Mom Cell # Mom Work # Dad Cell # Dad Work # Emergency Contact (Name, Home #, Work #, Cell #)

New Information: _____

Emergency Contact (please include relationship): _____

Received by: Administration _____ Attendance _____ Clinic _____ Counselor _____ Front Office _____

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