

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.)

NEW Home Address City State Zip Preferred Email Address:				
Sibling Name (First and Last) Sibling School Grade Parent/Guardian Information: (Please do not complete this section if your phone/email information has rechanged.) Parent 1 First Name Parent 1 Last Name NEW Cell Phone Relationship Parent 2 First Name Last Name NEW Cell Phone Relationship Parent 1 NEW Email Address: Parent 1 NEW Email Address: Parent 2 NEW Email Address:	NEW Home A	ddress	City	State Zip
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 rehanged.) Parent 1 First Name Parent 1 Last Name NEW Cell Phone Relationship Parent 2 First Name Last Name NEW Cell Phone Relationship Parent 1 NEW Email Address: Parent 2 NEW Email Address: REQUIRED Parent Approval: (forms without signatures will not be processed):	Preferred Email Address:			
Sibling Name (First and Last) Sibling School Grade Parent / Guardian Information: (Please do not complete this section if your phone/email information has rehanged.) Parent 1 First Name Parent 2 Last Name NEW Cell Phone Relationship First Name Last Name NEW Cell Phone Relationship Parent 1 NEW Email Address: Parent 2 NEW Email Address: Parent 2 NEW Email Address:	Sibling Name (First and Last)	Sibling School	Grade	
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Parent 1 NEW Email Address: Parent 2 NEW Email Address: REQUIRED Parent Approval: (forms without signatures will not be processed):	Parent 2 First Name	Parent 2 Last Name	NEW Cell Phone	Relationship
REQUIRED Parent Approval: (forms without signatures will not be processed):	First Name	Last Name	NEW Cell Phone	Relationship
	Parent 1 NEW Email Address: _	Pa	arent 2 NEW Email Address: _	
Date: Signature of Parent or Guardian				
	REQUIRED Parent Appr	roval: (forms without signa	atures will not be process	ed):