



INFORMATION UPDATE FORM

Student's Name (Print)

Date of Birth

Grade

For the following, **complete only the items which need to be updated** on the student's records or have changed since the beginning of the school year.

Student's Home Address: _____

City State Zip Code

Home Primary Phone: _____

Please include area code

Specify which parent(s)/guardian will be updating their information:

Mother Father Guardian

Parent/Guardian Full Name(s) _____

Parent's Home Address: _____

City State Zip Code

Parent/Guardian Home Primary Phone: _____

Please include area code

Parent/Guardian Cell Phone: _____

Please include area code

Parent/Guardian Work Phone: _____

Please include area code

Please complete page 2.

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Emergency Contact(s) (Add):

Emergency Contact Full Name(s) _____

Relationship: _____

Emergency Contact Home Address: _____

City State Zip Code

Emergency Contact Home Primary Phone: _____

Please include area code

Emergency Contact Cell Phone: _____

Please include area code

Emergency Contact Work Phone: _____

Please include area code

Emergency Contact(s) (Delete):

Emergency Contact Full Name(s) _____

Relationship: _____

Other Information (divorce, guardianship, other, etc.):

For changes to medical information or conditions, please contact the school nurse or health aide as soon as possible.

Parent Signature _____ Date _____