

CHANGE OF INFORMATION FORM

To be completed by parent/guardian along with applicable documentation:

Name of Parent/Guardian (Print) _____

Effective Date _____

Information applies to the following student/s:

Student/s Full Name	Grade	Lunch #	ID #	School

ADDRESS CHANGE:

Old Address _____

New Address _____

New Home Phone # () _____

School Staff Use Only:

Processed by: _____ Date Entered: _____

Forms of Residency Documentation (5): _____

Copies of form &
documents sent
to (Circle):

Transportation

Baker

Roberts

South

Upper

Middle

High