



# UPDATE TO STUDENT DATA

This form **MUST BE SIGNED BY A PARENT** and returned to the office before any changes to student data can be done. Thank you.

Date Effective:	Homeroom #	Student#
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*Legal documents must be accompanied with this form for a legal name change to take place.*

Student Last Name:	Student First Name:	Student Called Name:
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Address Change: (PLEASE PRINT CLEARLY)

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New Address

\_\_\_\_\_

City

\_\_\_\_\_

Postal Code

\_\_\_\_\_

Mother's First & Last Name

Home Phone# \_\_\_\_\_

Cell Phone# \_\_\_\_\_

Work Phone# \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

\_\_\_\_\_

Father's First & Last Name

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_