



To complete this form electronically,
it must be opened in *Adobe Reader!*

Student Information Update Request

Students' Name (as
currently registered at school)

Please complete the area(s) you are requesting to have updated. When complete, sign and return to the school office. Note that the areas marked with an * require documentation in order to be changed. Thank you.

Student Information:

| | | | |
|----------------------|----------------------|-----------------------|----------------------|
| *Legal Last Name | *Legal First Name | *Legal Middle Name | Gender |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Preferred Last Name | Preferred First Name | Preferred Middle Name | Preferred Gender |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Family #1 Information:

| | | | |
|---|-------------------------|----------------------|----------------------|
| Guardian 1 | Primary Phone | Work Phone | Cell Phone |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email Address | Relationship to Student | | |
| <input type="text"/> | <input type="text"/> | | |
| Guardian 2 | Primary Phone | Work Phone | Cell Phone |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email Address | Relationship to Student | | |
| <input type="text"/> | <input type="text"/> | | |
| *Street Address | City, State, Zip Code | | |
| <input type="text"/> | <input type="text"/> | | |
| *Mailing Address (if different than street address) | City, State, Zip Code | | |
| <input type="text"/> | <input type="text"/> | | |

Family #2 Information:

| | | | |
|---|-------------------------|----------------------|----------------------|
| Guardian 1 | Primary Phone | Work Phone | Cell Phone |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email Address | Relationship to Student | | |
| <input type="text"/> | <input type="text"/> | | |
| Guardian 2 | Primary Phone | Work Phone | Cell Phone |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email Address | Relationship to Student | | |
| <input type="text"/> | <input type="text"/> | | |
| *Street Address | City, State, Zip Code | | |
| <input type="text"/> | <input type="text"/> | | |
| *Mailing Address (if different than street address) | City, State, Zip Code | | |
| <input type="text"/> | <input type="text"/> | | |

Emergency Contact

| | | | | | |
|--------------------------|--------|----------------------|----------------------|----------------------|----------------------|
| <input type="checkbox"/> | Add | Emergency Contact | Relationship | Primary Phone | Cell Phone |
| <input type="checkbox"/> | Remove | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | Add | Emergency Contact | Relationship | Primary Phone | Cell Phone |
| <input type="checkbox"/> | Remove | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Requested By:

Signature

Date