



Change of Status Notification

NOTE: Please return checked and highlighted items

Check Info. Requested: *Insurance info.* _____ *Physical* _____ *New Address* _____

Shot Record _____ *New Phone #* _____ *New Email:* _____

Parent/ Guardian Name(s): _____

Student: _____ Grade _____

Sibling: _____ Grade _____

Sibling: _____ Grade _____

New Home Address: Circle one (Dad) (Mom) (Family)

New Work Address: Circle one (Dad) (Mom)

Email address: Circle one (Dad) (Mom) (Family) please print clearly

New Home Phone: Circle one (Dad) (Mom) (Family) _____

Cell Phone: (Dad) _____ Cell Phone: (Mom) _____

Work Phone: (Dad) _____ Work Phone: (Mom) _____

SIGNATURE OF PARENT/LEGAL GUARDIAN

(REQUIRED BEFORE CHANGE CAN BE MADE)

Date

submit to School Office (Mrs. Tammy Cale)

Comments: _____

FOR SCHOOL USE ONLY : Date Received: _____ Date of Notification: _____

Updated: On Registration _____ In system _____ Updated copy given to the teacher _____ Sec. Int. _____