

Change of Information Form

Please complete this form and send to the attention of: Sabrina Moore, Database Administrator

DATE: _____

Student(s) Name and Grade(s): _____
 _____ / _____

Father's Name:	Mother's Name:
Previous home address:	New home address:
Previous home phone:	New home phone:
Previous cell phone (father):	New cell phone (father):
Previous cell phone (mother):	New cell phone (mother):
Previous e-mail (father):	New e-mail (father):
Previous e-mail (mother):	New e-mail (mother):
	Please indicate by * which e-mail will receive the Weekly Word
*Name change (parent) From:	To:
*Name change (student) From:	To:
*requires additional documentation before this can be updated – please call the Registrar's Office for further information.	Unless otherwise indicated, the home phone will be used for all Calling Post messages.

Employment Information Update

<u>Previous Employment (father)</u>	<u>New Employment (father)</u>
Company Name:	New Company Name:
Address:	New Address:
Previous work phone:	New work phone:
Previous business e-mail:	New business e-mail:
<u>Previous Employment (mother)</u>	<u>New Employment (mother)</u>
Company Name:	New Company Name:
Address:	New Address:
Previous work phone:	New work phone:
Previous business e-mail:	New business e-mail:

Emergency Contact Information Update

Contact #1	Contact #2
New contact name:	New contact name:
New contact address:	New contact address:
New contact home phone:	New contact home phone:
New contact cell phone:	New contact cell phone:
Additional Info:	Additional Info:
*Parent Signature:	*Parent Signature:
*at least one parent signature is required	*Signature(s) apply to entire document