

## **Demographic Change Form**



INTIALS:

NAME:	STUDENT #:		#:	GRADE:	
ADDRESS:					
	POSTAL CODE:		HOME TELEPHONE:		
LIVING WITH (Please Check One):	Mother & Father	Mother & Sto	epfather	Father & Stepmother	
Please Note: Independent Students must be approved and initialed by a Counselor	Mother Only	Father Only	Guardian	Independent Student	
MOTHER'S HOME TELEPHONE:	CELL NUMBER:		WORK NUMBER:		
FATHER'S HOME TELEPHONE:	CELL NUMBER:		WORK NUMBER:		
MOTHER'S EMAIL :	FATHER'S EMAIL:				
EMERGANCY CONTACT NAME:		NUMBER:		CAN PICK UP STUDENT: Y N	
EMERGANCY CONTACT NAME:		NUMBER:		CAN PICK UP STUDENT: Y 🔲 N 🔲	
CARECARD #:					
ADDITIONAL INFORMATION:					
		FOR OFFICE USE ONLY: DATE EI		TERED:INTIALS:	
Chilliwack Secondary School	Demog	raphic Chang	e Form	Chilliwack School District	
NAME:	STUDENT #:		#:	GRADE:	
ADDRESS:					
		_ POSTAL CODE:	HON	ME TELEPHONE:	
LIVING WITH (Please Check One): Please Note: Independent Students must be approved and initialed by a Counselor	Mother & Father	Mother & Sto	epfather	Father & Stepmother	
	Mother Only	Father Only	Guardian	Independent Student	
MOTHER'S HOME TELEPHONE:	CI	ELL NUMBER:		WORK NUMBER:	
FATHER'S HOME TELEPHONE:	CELL NUMBER:			WORK NUMBER:	
MOTHER'S EMAIL :	FATHER'S EMAIL:				
EMERGANCY CONTACT NAME:	NUMBER:			CAN PICK UP STUDENT: Y N	
EMERGANCY CONTACT NAME:	NUMBER:			CAN PICK UP STUDENT: Y N	
CARECARD #:					
ADDITIONAL INFORMATION:					

FOR OFFICE USE ONLY: DATE ENTERED: