

Demographic Change Form

NAME: _____ STUDENT #: _____ GRADE: _____

ADDRESS: _____

_____ POSTAL CODE: _____ HOME TELEPHONE: _____

LIVING WITH (Please Check One): Mother & Father _____ Mother & Stepfather _____ 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: _____

EMERGENCY CONTACT NAME: _____ NUMBER: _____ CAN PICK UP STUDENT: Y N EMERGENCY CONTACT NAME: _____ NUMBER: _____ CAN PICK UP STUDENT: Y N

CARECARD #: _____

ADDITIONAL INFORMATION: _____

FOR OFFICE USE ONLY: DATE ENTERED: _____ INITIALS: _____

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