



Demographic Change Form

NAME: _____ STUDENT #: _____ GRADE: _____

ADDRESS: _____

_____ POSTAL CODE: _____ HOME TELEPHONE: _____

*Please Note: Independent Students must
be approved and initialed by a Counselor*

Mother & Father _____ Mother & Stepfather _____ Father & Stepmother _____

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: _____