



JOSEPH SEARS
EST. 1899

FAMILY INFORMATION CHANGE REQUEST

Family/Student Name(s):

Family LAST Name: _____

Student First Name: _____

Student First Name: _____

Student First Name: _____

Change of Address/Contact Information for Student/Parent/Guardian:

(For Change of Address Verification of Residency documents may be required)

Parent1/Parent2 Name: _____

Street Address: _____

City/State/Zip: _____

Phone number (Home/Cellular/Work): _____

Email Address: _____

Change in Student Emergency Contact Information:

Name: _____ Phone: _____

Relationship to Student: _____

Primary Emergency Contact: Yes _____ No _____

Emergency Contact #2 or #3: _____

Authorized to Pick Up Student: Yes _____ as of _____
(Date)

Guardian Name: _____

Guardian Signature: _____

cc: Data Manager
School Nurse

RECEIVED ON: _____
BY: _____