Parent/Guardian Request to Change Student Contact Information

Student(s)Name:

Parent/Guardian Requesting Addition/Change:

PRIMARY CONTACT S – Parent Guardian

Update Delete Add (Circle one)

Type of Contact: Parent Guardian Other (Court Appt. Guardian or Agency Rep. Only)

Full Name:

Relationship to Student:

Lives w/Student: ☐Yes ☐No* *If No, fill in address line below

Home Address:

Employer: Work Address:

[redacted]

☐ DO NOT RELEASE (Please provide court order)

Student(s)Name:

Parent/Guardian Requesting Addition/Change:

EMERGENCY CONTACT S - *My child may be released to the contacts below.*

Emergency Contacts are utilized when school staff is unable to reach Primary Contact(s)