STUDENT INFORMATION CHANGE FORM

Student's Name: First	Middle	Last	Date of Birth	
Household Contact Information	Change:			
Parent/Guardian Name:				
Physical Address:				
Mailing Address:				
Contact Email:				_
Place of Business:				
Phone Numbers: Home:	Cell:	W	ork:	
Non-Custodial Parent Contact In	aformation Chai	nge:		
Parent/Guardian Name:		Relat	ionship:	
Mailing Address:				
Contact Email:				
Phone Numbers: Home:	Cell:	:	Work:	
Custodial Parent: Yes	No	Emergency Conta	act?: Yes No	
If there has there been any char complete, custody order.	nges to any cus	todial agreements, p	lease provide an upo	dated,
Has anyone moved into or out o information, and relationship to <u>Add:</u>	student):		•	ntact
Name:		me:		
Relationship: Telephone Number(s):		ationship:		
Emergency Contact?: Yes		Telephone Number(s): Yes No		
Is this a school-age child?: \		,	-age child?: Yes	

Remove:			
	Name:		
•	Relationship:		
Telephone Number(s):	Telephone Number(s):		
Emergency Contact?: Yes No	Emergency Contact?: Yes No		
Is this a school-age child?: Yes No	Is this a school-age child?: Yes No		
**** If you need to add or remove more peopl form ****	le, please attach a sheet with their information to this		
Emergency Contact Changes: Add:	Remove:		
Name:	Name:		
	Relationship:		
Telephone Number(s):	Telephone Number(s):		
Name:	Name:		
	Name: Relationship:		
Telephone Number(s):	Telephone Number(s):		
 Signed lease or notarized statement from landlord - mu include tenants' names and physical address Copy of deed 	 Homeowner's insurance policy with name and physical address - must be active policy Income tax form - most recent year 		
◆ Driver's License or NYS Identification card issued by DIV	IV ◆ School tax bill - most recent year		
◆ State or Government-issued identification card with	◆ Mortgage statement *		
name and physical address	 Paystub * - must include name and physical address of 		
◆ Voter Registration Card	parent/guardian		
◆ Auto insurance card/policy - must be active	 Utility bill *-National Grid, water/sewer, cable 		
	 Notices or award letters from DSS, OTDA, SSA * 		
*Must be dated within 30 days of registration			
**If none of the above are obtainable, a notarized statement from	n a third party, which includes all tenants' names and full physical address as		
	vith a letter from an attorney listing the expected closing date/time may be		
submitted**	autofulie may be		
Submittee .			
Signature of Parent/Guardian:	Date:		