

CHANGE OF INFORMATION SHEET

**FOR CHANGE OF ADDRESS PLEASE PRESENT NEW PROOF OF RESIDENCE TO THE GUIDANCE DEPARTMENT – THANK YOU**

Student name: \_\_\_\_\_ Grade \_\_\_\_\_  
Information Provided By: \_\_\_\_\_

New Phone Number/s:  
Home: \_\_\_\_\_  
Work Mother: \_\_\_\_\_  
Work Father: \_\_\_\_\_  
Cell, Pager# mother \_\_\_\_\_  
Cell, Pager# father \_\_\_\_\_  
Mother's Work Location: \_\_\_\_\_  
Father's Work Location : \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Emergency Contact Phone: \_\_\_\_\_  
Other \_\_\_\_\_

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Information Provided By: \_\_\_\_\_

New Phone Number/s:  
Home: \_\_\_\_\_  
Work Mother: \_\_\_\_\_  
Work Father: \_\_\_\_\_  
Cell, Pager# mother: \_\_\_\_\_  
Cell, Pager# father: \_\_\_\_\_  
Mother's Work Location: \_\_\_\_\_  
Father's Work Location: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Other \_\_\_\_\_  
Emergency Contact Phone: \_\_\_\_\_