



# Student Information Update Request

Students' Name (as currently registered at school)

**Please complete the area(s) you are requesting to have updated. When complete, sign and return to the school office. Note that the areas marked with an \* require documentation in order to be changed. Thank you.**

**Student Information:**

*Legal Last Name	*Legal First Name	*Legal Middle Name	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred Last Name	Preferred First Name	Preferred Middle Name	Preferred Gender
<input type="text"/> <i>Optional</i>	<input type="text"/> <i>Optional</i>	<input type="text"/> <i>Optional</i>	<input type="text"/> <i>Optional</i>

**Family #1 Information:**

Guardian 1	Primary Phone	Work Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Relationship to Student		
<input type="text"/>	<input type="text"/>		
Guardian 2	Primary Phone	Work Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Relationship to Student		
<input type="text"/>	<input type="text"/>		
*Street Address	City, State, Zip Code		
<input type="text"/>	<input type="text"/>		
*Mailing Address (if different than street address)	City, State, Zip Code		
<input type="text"/>	<input type="text"/>		

**Family #2 Information:**

Guardian 1	Primary Phone	Work Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Relationship to Student		
<input type="text"/>	<input type="text"/>		
Guardian 2	Primary Phone	Work Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Relationship to Student		
<input type="text"/>	<input type="text"/>		
*Street Address	City, State, Zip Code		
<input type="text"/>	<input type="text"/>		
*Mailing Address (if different than street address)	City, State, Zip Code		
<input type="text"/>	<input type="text"/>		

**Emergency Contact**

<input type="checkbox"/> Add	Emergency Contact	Relationship	Primary Phone	Cell Phone
<input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Add	Emergency Contact	Relationship	Primary Phone	Cell Phone
<input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Requested By:

Date

Signature \_\_\_\_\_