Student Information Change

Student Name: _____

Information changes:

1. _____
2. _____
3. _____

Emergency Contacts (other than parents)

1. _____
   Contact Name | Contact Tel. No. | Relationship
2. _____
   Contact Name | Contact Tel. No. | Relationship
3. _____
   Contact Name | Contact Tel. No. | Relationship

I, _____ certify that the information provided above is true and accurate and grant
Parent's Name
permission for any of the above mentioned emergency contacts to pick up my child _____ in case
Student's full name
both parents cannot be contacted in an emergency.

_____ _____
Parent or Guardian's signature | Date