

HOCKINSON SCHOOL DISTRICT STUDENT INFORMATION CHANGE/UPDATE

Student Name: _____
(Please Print)

Primary Household

Secondary Household

Please update my student's records to reflect the following information:

Parent/Guardian 1 Name: _____	Relationship _____
<input type="checkbox"/> New Phone(s) Numbers:	() _____ () _____ () _____ Home Cell Work
<input type="checkbox"/> Phone Number(s) to be DELETED from record:	() _____ () _____ () _____ Home Cell Work

Parent/Guardian 2 Name: _____	Relationship _____
<input type="checkbox"/> New Phone(s) Numbers:	() _____ () _____ () _____ Home Cell Work
<input type="checkbox"/> Phone Number(s) to be DELETED from record:	() _____ () _____ () _____ Home Cell Work

Old Address: _____
Address City State Zip

New Street Address: _____
Address City State Zip

New/Add Mailing Address: _____
Address City State Zip

Add Emergency Contact: _____ () _____
Name Contact Number Relationship

Add Emergency Contact: _____ () _____
Name Contact Number Relationship

Emergency Contact(s) to be DELETED from record: _____
Name Name

Parent Signature Date Updated

for office use only

Date Updated _____

Initials _____