



Student Information Change Form



Student Name: _____ **DOB** _____ **Grade** _____ **Teacher** _____

Complete the sections below only where changes are needed

Home Address: _____
(Must provide proof) _____

Mailing Address: _____
(if different from _____
home address) _____

Email Address: _____

Transportation: Walk Bike Car Rider School Bus# _____ Day Care: _____

Contact Information: (Parties listed below will be allowed to pick up child in emergency and non-emergency situations.)

Add	Delete	Change	Name	Relationship to student	Place of Employment	Work Phone	Home Phone	Cell Phone
			Enrolling Parent/Guardian					
			Other					
			Other					

Pursuant to section 837.06, FL Statutes (2008), whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree.

Enrolling Parent Signature _____ **Print Name** _____ **Date** _____

MIS Form 41-00935

Office of Student Assignment

Revised 3-2016

Expires 3-2021



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