



# 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 5-2021

Expires 5-2026



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