	NFORMAT		PDATE FORM			
Name of person filling out form:				Date:	Date:	
APPLY CHANGE	S TO THE FOLL	OWING P	ARENTS/GUARDIANS/	STUDENTS		
Parent/Guardian Name:		Parent/Guardian Name:				
Student Name:		Grade:	Student Name:		Grade:	
Student Name:		Grade:	Student Name:		Grade:	
	ADDRE	SS INFO	RMATION			
	PRE	VIOUS AD	DRESS			
Street:						
City:						
State: Zip Code:						
N	EW ADDRESS (PR	OOF OF A	DDRESS IS REQUIRED)			
Street:						
City:						
State: Zip Code:						
	PHON	IE INFORI	MATION			
	PR	EVIOUS PI	HONE			
Phone:						
		NEW PHO	NE			
Phone:						
	E-MA	IL INFORI	MATION			
	PR	EVIOUS E-	MAIL			
Email:						
		NEW E-M	AIL			
Email:						
	EMERGENCY C	ONTACTS	(OK TO PICK UP)			
Name	Relationship	)	E-mail	-	Phone	