

## Student Demographic Change Form

Address Changes     Add/Delete Parent or Emergency Contacts     Phone/Email Changes

**List all students for whom changes are in effect**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

### **Address and/or Primary Contact Phone Number Change**

***Proof of Residency is required and must be attached to this form***

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

New Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

New Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*(if different from new address)*

New Primary Contact Phone # \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_

***The McKinney-Vento Act provides additional services to students living in transitional /temporary housing.***

***Please answer the following:***

Is your new address a temporary living arrangement?  Yes  No

Is this temporary living arrangement due to loss of housing or economic hardship?  Yes  No

If you answered yes to either question, please indicate where your student(s) are living:

Where are students presently living? Check one box:

In a shelter     With friends or family members (not with parent/guardian)     In a car     Park

Campsite     Substandard housing     None of the above (in permanent housing)

### **Parent/Guardian or Emergency Contact Information Changes**

Add     Change     Delete

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Other Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent     Step-Parent     Guardian     Foster-Parent     Grandparent     Emergency Contact- Friend

Emergency Contact-Other Relative     Emergency Contact- Other     Emergency Contact- Grandparent

Add     Change     Delete

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Other Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent     Step-Parent     Guardian     Foster-Parent     Grandparent     Emergency Contact- Friend

Emergency Contact-Other Relative     Emergency Contact- Other     Emergency Contact- Grandparent

*I affirm the above information is true and complete*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_