

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 _____

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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** _____