

HASTINGS PUBLIC SCHOOLS STUDENT CHANGE OF INFORMATION FORM

Please complete one form for each student and return to the school where student attends.

Primary Family Household Changes

Student's Legal Name _____
Last First Middle

Is this a change in Head of House? Yes No

Will all family members be making this change? Yes No

Head of House _____ Relationship _____
Last First Middle

Head of House _____ Relationship _____
Last First Middle

Old Address _____ Old Phone _____
House Number Street City State Zip

New Address _____ New Phone _____
House Number Street City State Zip

Email Address _____

Effective date of change _____

Parent/Guardian Signature _____

Date of Signature _____

Office Use Only

School _____ Student ID _____ Grade _____

Student's Legal Name _____ Birth Date in System _____
Last First Middle

Legal Name Change _____ Corrected Birth Date _____
Last First Middle

Add Child Protection Copy of **legal** document in file Yes No Effective date on the document _____

Full Time to Part Time Part Time to Full Time Effective Date of Change _____

Promote to Grade _____ Retain in Grade _____ Effective Date of Grade Level Change _____

Withdrawal/Transfer Date _____ Withdrawal/Transfer to _____

Reason for Withdrawal/Transfer _____ Drop Schedule

Student Re-Entry Date _____ Re-Entry From _____

Information taken by _____ Date _____

NOTE: Please complete reverse side of form to add/update second family information for student.

Second Family Information

Please complete the following form for each student and return to school where the child attends.

Student's Legal Name:

Last First Middle

Student's Primary Address: _____

Parent/Guardian who resides at Student's Primary Address: _____

Student's Date of Birth: _____

School Student Attends: _____ Grade: _____

Second Family Contact Information:

(1) _____

Last First Middle

(2) _____

Last First Middle

Date of Birth (1) _____ Phone Number (1) _____

Date of Birth (2) _____ Phone Number (2) _____

Relationship to Student (1): ___ Parent ___ Step-Parent ___ Other

Relationship to Student (2): ___ Parent ___ Step-Parent ___ Other

Address _____

Complete Mailing Address

City State Zip

Home Phone Number _____

Email Address _____

Office Use Only: Student ID # _____