



## Student Information Update Form

**Instructions to school:** Please distribute to parents at the beginning of the school year to update student records.

**Parents/Guardians:** The information asked on this form is needed so that we may accurately UPDATE, your child's records. Please fill out all information correctly, as it is very important in ensuring that you receive necessary information from the school during the year.

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First Middle

Current 911 Address –

Street/Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Mailing Address – Check if same as 911  (you do not have to fill out if same)

Street/Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Number(s): \_\_\_\_\_ / \_\_\_\_\_

E-mail address(s) (if available): \_\_\_\_\_

Child Living with(name): \_\_\_\_\_ Relationship: \_\_\_\_\_

School Bus Number: \_\_\_\_\_

In case of an emergency, please give us the names and phone numbers of the persons we may contact for emergencies and those who have your permission to pick up your child from school

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

If your child has any health problems, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date