

REQUESTED CHANGE NAME / ADDRESS / TELEPHONE NUMBER

DIRECTIONS: Parents should complete (and sign) this form when there is a change of name, address, or telephone number that will effect student records. Please carefully follow all directions on this form.

STUDENT NAME: _____ DOB _____ GRADE: _____

SCHOOL: Bonnieville Cub Run LeGrande Memorial Munfordville HCHS

PLEASE PRINT -

TYPE OF CHANGE: PRIOR INFORMATION NEW INFORMATION



PARENT NAME _____

ADDRESS _____

HOME PHONE # _____

CELL PHONE # _____

- *By completing the address and telephone number above, the parent will assist us in verifying that our student records are accurate.*

Parent/Guardian Signature

Date Form Completed

Names of brothers/sisters or other persons living in same household:

	NAME	DOB	SCHOOL	GRADE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

FOR CENTRAL OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

DATE RECEIVED

- 1) Student(s) Information updated
- 2) Guardian information updated

Initials	Date
_____	_____
_____	_____

ROUTE TO:
 _____ Counselor
 _____ Teresa Lockett
 _____ File Copy