



CONTACT INFORMATION UPDATES

SECTION 1: STUDENT NAME

Student Name: _____
Teacher: _____

SECTION 2: PRIMARY HOUSEHOLD (Where student normally sleeps during the week.)

Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address: <input type="checkbox"/> (Check if same)
City/Town/Zip code:	City/Town/Zip code:
Preferred Phone for Directory:	Preferred Phone for Directory:
Cell Phone for Emergency Texts:	Cell Phone for Emergency Texts:
Email Address:	Email Address:

SECTION 3: SECONDARY HOUSEHOLD (if applicable)

Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address: <input type="checkbox"/> (Check if same)
City/Town/Zip code:	City/Town/Zip code:
Preferred Phone for Directory:	Preferred Phone for Directory:
Cell Phone for Emergency Texts:	Cell Phone for Emergency Texts:
Email Address:	Email Address: