

**Please use this form to report ANY changes to student contact information and submit it to the Guidance Office as soon as possible.**

- Change residential address                       Change parent/guardian  
 Change MAILING address                       Change Phone Number(s)

**\*AN UP-DATED EMERGENCY CARD MUST ALSO BE SUBMITTED\***

Effective date of change: \_\_\_\_\_ (required)

PRINT CLEARLY.

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Old address: \_\_\_\_\_  
(Street Address) (Town)

NEW address: \_\_\_\_\_  
(Street Address) (Town)

MAILING address: \_\_\_\_\_  
(if different) (P.O. Box Number) (Town)

Home Phone: \_(\_\_\_\_)\_\_\_\_\_ Parent Work No.: (\_\_\_\_)\_\_\_\_\_  
(area code)  Father  Mother

Cell Phone: (\_\_\_\_)\_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_\_  
(area code)  Father  Mother  Student (area code)  Father  Mother  Student

Student lives with\*:  Both Parents  Mother  Father  Other (specify):\_\_\_\_\_

\*Parent/Guardian/Other : \_\_\_\_\_  
Name of person student is now living with

Parent's/Guardian's E-Mail: \_\_\_\_\_  
(please print CLEARLY)

➔ Please note any special instructions, additional information on reverse side. ➔➔➔

\* If changes need to be entered for siblings enrolled at Pathfinder, please list their names and grade levels here:

If extra mailings are to be sent for this student, please check here and give name and address for non-custodial parent on reverse side. ➔ ➔ ➔

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>			Date Received:
<input type="checkbox"/> iPass	<input type="checkbox"/> Memo	<input type="checkbox"/> Notice to Supt.	
<input type="checkbox"/> Tuition Form	<input type="checkbox"/> Choice List	<input type="checkbox"/> HR1 List ( IF gr. 11 or 12 )	