

PLEASE PROVIDE 2 PROOFS OF RESIDENCE

STUDENT DEMOGRAPHIC CHANGE FORM

SIS-11

Student Name: _____ Grade: _____ DOB: _____
Last First M.I.

Parent/Legal Guardian Signature: _____

Date: _____

PLEASE COMPLETE ONLY THE ITEMS YOU WOULD LIKE TO HAVE CORRECTED.

Home Address:			Home Phone:
Number	Street	Apt. #	_____
City	State	Zip Code	

Mailing Address (if different from above):	Doctor: _____		
Number/PO Box	Street	Apt. #	Phone: _____
City	State	Zip Code	

Parent/Guardian Contact Information: (circle one)	Mr.	Mrs.	Ms.
_____	_____	_____	_____
Last Name	First Name	M. I.	Employer
Home Phone #	Cellular Phone #	Pager #	Work Phone
_____	_____	_____	_____
Address (if different from student's)			

Parent/Guardian Contact Information: (circle one)	Mr.	Mrs.	Ms.
_____	_____	_____	_____
Last Name	First Name	M. I.	Employer
Home Phone #	Cellular Phone #	Pager #	Work Phone
_____	_____	_____	_____
Address (if different from student's)			

Emergency Contact Information: (circle one)	Mr.	Mrs.	Ms.
_____	_____	_____	_____
Last Name	First Name		Employer
Home Phone #	Cellular Phone #	Pager #	Work Phone
_____	_____	_____	_____

Other (additional changes not listed above): _____
Not for updating student languages.

For Office Use Only:	SIS # _____	Pupil # _____
Date Rec'd: _____	Date Entered: _____	File in Cumulative Folder