



Student Demographic Change Form

Address Changes Add/Delete Parent or Emergency Contacts Phone/Email Changes

List all students for whom changes are in effect:

Last Name _____ First Name _____ Middle Name _____
Grade _____ Date of Birth _____ Current School _____ New School _____

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Last Name _____ First Name _____ Middle Name _____
Grade _____ Date of Birth _____ Current School _____ New School _____

Address and/or Primary Contact Phone Number Change

Proof of Residency is Required

Previous Address _____ City _____ State _____ Zip _____
New Address _____ City _____ State _____ Zip _____
New Mailing Address _____ City _____ State _____ Zip _____
(if different)

New Primary Contact Phone # _____ Language Spoken at Home _____

The McKinney-Vento Act provides additional services to students living in transitional/temporary housing. Please answer the following:

Is your new address a temporary living arrangement? Yes No

Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

If yes to either question above, please indicate where students are living:

Where are students presently living? Check one box:

- In a shelter With friends or family members (not with parent/guardian)
- Doubled up with another family in a house or apartment due to economic hardship In a hotel/motel
- In a car park campsite substandard housing None of the above (in permanent housing)

Parent/Guardian or Emergency Contact Information Changes

Add Change Delete

Last Name _____ First Name _____ Middle Name _____

Gender: M F Date of Birth _____ Email Address _____

Other Phone _____ Work Phone _____ Cell Phone _____

Parent Step-Parent Guardian Foster-Parent Grandparent Emergency Contact-Friend

Emergency Contact-Other Relative Emergency Contact-Child Care Provider Emergency Contact-Grandparent

Parent/Guardian or Emergency Contact Information Changes

Add Change Delete

Last Name _____ First Name _____ Middle Name _____

Gender: M F Date of Birth _____ Email Address _____

Other Phone _____ Work Phone _____ Cell Phone _____

Parent Step-Parent Guardian Foster-Parent Grandparent Emergency Contact-Friend

Emergency Contact-Other Relative Emergency Contact-Child Care Provider Emergency Contact-Grandparent

I affirm the above information is true and complete.

Parent Guardian Signature _____ Date _____