

Parent/Guardian Request to Change Student Contact Information

Student(s)Name: _____

Parent/Guardian Requesting Addition/Change: _____

PRIMARY CONTACT(S) – Parent/Guardian

Update Delete Add (Circle one)

Type of Contact: ☐ Parent ☐ Guardian ☐ Other (Court Appt. Guardian or Agency Rep. Only)

Full Name: _____

Relationship to Student: _____

Lives w/Student: ☐ Yes ☐ No* *If No, fill in address line below.

Home Address: _____

Employer: _____ Work Address: _____

1st Phone to Call: _____ ☐ Cell ☐ Home ☐ Work ☐ Receive Automated Calls

2nd Phone to Call: _____ ☐ Cell ☐ Home ☐ Work

3rd Phone to Call: _____ ☐ Cell ☐ Home ☐ Work

Email Address: _____

Contact Should Have Access To: ☐ Web Access (ParentConnect) ☐ Attendance Calls ☐ Informational Calls

☐ DO NOT RELEASE (Please provide court order)

Update Delete Add (Circle one)

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Contact Should Have Access To: ☐ Web Access (ParentConnect) ☐ Attendance Calls ☐ Informational Calls

☐ DO NOT RELEASE (Please provide court order)

Agency Rep.
Foster Father
Other

Aunt
Foster Mother
Other Relative

Caregiver
Grandfather
Sibling

Relationship to Student Options

Court Appt. Guardian
Grandmother
Stepfather

Doctor
Host Parent
Stepmother

Family Friend
Mother
Uncle

Father
Neighbor

Parent/Guardian Signature: _____ Date: _____

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EMERGENCY CONTACT(S) - My child may be released to the contacts below.

Emergency Contacts are utilized when school staff is unable to reach Primary Contact(s).

Update Delete Add (Circle one)

Full Name: _____

Relationship to Student: _____

1st Phone to Call: _____

☐ Cell ☐ Home ☐ Work

2nd Phone to Call: _____

☐ Cell ☐ Home ☐ Work

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☐ Cell ☐ Home ☐ Work

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Foster Father
Other

Aunt
Foster Mother
Other Relative

Caregiver
Grandfather
Sibling

Relationship to Student Options

Court Appt. Guardian
Grandmother
Stepfather

Doctor
Host Parent
Stepmother

Family Friend
Mother
Uncle

Father
Neighbor

Parent/Guardian Signature: _____ Date: _____