

REQUESTED CHANGE NAME / ADDRESS / TELEPHONE NUMBER

DIRECTIONS: Parents/Guardians should complete (and sign) this form when there is a change of name, address, or telephone number that will effect student records.

STUDENT NAME: _____ DOB _____ GRADE: _____

SCHOOL: Bonnieville Cub Run LeGrande Memorial Munfordville HCHS

TYPE OF CHANGE: Changing Households (moved) Court Order Student is 18 Custody Change (copy of order submitted to school)

Changes pertain to: Please select one: Mother _____ Father _____ Both Parents _____ Guardian _____

Change All Students in Household: Yes No If no, please explain _____

PARENT NAME _____ Custodial Parent: _____ Yes _____ No

ADDRESS: **Mailing or PO Box** _____ City _____ State _____ Zip _____

Physical Address _____

City _____ State _____ Zip _____

HOME PHONE # _____ CELL PHONE # _____ WORK PHONE # _____

If Parents have joint custody, address information on Both parents (households) should be submitted to the school.

Print Name

Parent/Guardian Signature

Date Form Completed

Names of brothers/sisters living in same household:

	NAME	DOB	SCHOOL	GRADE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____