



Student/Family Information Update Form
PLEASE PRINT LEGIBLY – ALL FIELDS MUST BE COMPLETED

#	Child's first and last name	Date of birth (mm/dd/yy)	Circle one
1		__/__/__	Male/Female
2		__/__/__	Male/Female
3		__/__/__	Male/Female
4		__/__/__	Male/Female
5		__/__/__	Male/Female

Father's last name:	Mother's last name:
Father's first name:	Mother's first name:
Street Address where child resides:	
City:	
Zip Code:	
Father's home phone:	Mother's home phone (if different):
Father's work phone:	Mother's work phone (if applicable):
Father's cell phone:	Mother's cell phone:
Father's email address:	Mother's email address:
Emergency contact Name:	
Relationship:	
Phone number:	

I, _____, am the authorized parent/guardian of the children listed on this form. I state that the updated information in this form is accurate.

Signature: _____ Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Date Received		
Database updated	By:	On: