

Student Contact Form

Please fill in all blanks for each add or drop. Info required for Power School entries.

Please Print!!

Student Name: _____

Parent/Legal Guardian Name: _____ Email Address: _____

Home Number: _____ Work Number: _____ Cell Number: _____

FULL ADDRESS: _____

If this is a new address, proof of residency must be provided within **5 days. A CURRENT water or power bill must be provided. **Account can not be in a DELINQUENT/PAST DUE STATUS.**

Contacts Authorized to Check Out Student

Add ___ Drop ___ Contact Name: _____ Relationship: _____

Full Address: _____

Home Number: _____ Work Number: _____ Cell Number: _____

Add ___ Drop ___ Contact Name: _____ Relationship: _____

Full Address: _____

Home Number: _____ Work Number: _____ Cell Number: _____

Add ___ Drop ___ Contact Name: _____ Relationship: _____

Full Address: _____

Home Number: _____ Work Number: _____ Cell Number: _____

Only Biological Parent/Legal Guardian may make changes:

Parent / Legal Guardian Signature: _____ (OVER)

Contacts Authorized to Check Out Student

Add ___ Drop ___ Contact Name: _____ Relationship: _____

Full Address: _____

Home Number: _____ Work Number: _____ Cell Number: _____

Add ___ Drop ___ Contact Name: _____ Relationship: _____

Full Address: _____

Home Number: _____ Work Number: _____ Cell Number: _____

Add ___ Drop ___ Contact Name: _____ Relationship: _____

Full Address: _____

Home Number: _____ Work Number: _____ Cell Number: _____

Add ___ Drop ___ Contact Name: _____ Relationship: _____

Full Address: _____

Home Number: _____ Work Number: _____ Cell Number: _____

Add ___ Drop ___ Contact Name: _____ Relationship: _____

Full Address: _____

Home Number: _____ Work Number: _____ Cell Number: _____

Add ___ Drop ___ Contact Name: _____ Relationship: _____

Full Address: _____

Home Number: _____ Work Number: _____ Cell Number: _____