

CHANGE OF STUDENT INFORMATION
Vancouver School District #37

Please list students living with you to whom the following changes apply:

<u>Student Name(s)</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Only make changes below where needed:

Home Address _____ Primary Phone # () _____

Name of Parent/Guardian	Home #	Work#	Cell#
_____ () _____	() _____	() _____	() _____
_____ () _____	() _____	() _____	() _____

Name of Parent/Guardian	Address
_____	_____
_____	_____
_____	_____

Name of Parent/Guardian	E-Mail
_____	_____
_____	_____

Please REMOVE from my child's emergency/contact information:

Name _____ Name _____

The following people are EMERGENCY CONTACTS that are allowed to pick up my child from school:

Name _____	Home Phone() _____
Address _____	Cell Phone () _____
Name _____	Home Phone() _____
Address _____	Cell Phone () _____
Name _____	Home Phone() _____
Address _____	Cell Phone () _____

PARENT SIGNATURE: _____ DATE _____