CHANGE OF STUDENT/HOUSEHOLD INFORMATION

Name of Person Requesting Change: _____ Date: ____/____/____

Name of Student(s) requiring this change:

Student _____ School: _____

Student _____ School: _____

Student _____ School: _____

Student _____ School: _____

Change of: ☐ **PRIMARY Residence Address** ☐ **SECONDARY Residence Address**

New Address: _____

_____ _____ _____

City **State** **Zip**

☐ **Residence Mileage** _____ (New Mileage code should be verified with Dousman Transport)

Will this address change relocate student(s)?

☐ Out of District? _____ _____

New District Name effective date

☐ To another MASD school?_____

New School Name

Change Information for: (**Print full name)**

☐ **Student(s)**

☐ **Parent/Guardian (Divorce YES/NO)**

- ☐ **Mother - Name:** _____
- ☐ **Father - Name:** _____

☐ **Other (please explain)**

_____

_____

_____

Change of:

☐ **Residence Phone** ☐ **Cell Phone** ☐ **Secondary Phone** ☐ **Emergency Info.**

☐ **Email Address** _____

☐ **Other** _____

Effective Date of Change(s): _____/_____/_____

Please fax information to Laura Stroika @ District Office

Form Revised: 7/18/2016