

## Change of Information Form

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
 (Last) (First) (Middle)

**Current School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_ Sex: M  F

**Student's New Address\*:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
 \_\_\_\_\_

*Student's Previous Address:* \_\_\_\_\_

**\* Two (2) proofs of residency must be presented at the Central Registration Office when an address change is submitted.**

Parent1 /Guardian Name: \_\_\_\_\_

**New Address:** \_\_\_\_\_ Parent1 Phone 1: \_\_\_\_\_

*Previous Address:* \_\_\_\_\_ Parent1 Phone 2: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent2 /Guardian Name: \_\_\_\_\_

**New Address:** \_\_\_\_\_ Parent2 Phone 1: \_\_\_\_\_

*Previous Address:* \_\_\_\_\_ Parent2 Phone 2: \_\_\_\_\_

E-mail: \_\_\_\_\_

<u>Names of Siblings in District</u>	<u>School</u>	<u>Grade</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 (If Parent/Guardian is not available)

Emergency Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 (If Parent/Guardian is not available)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LMSD has an automated dialing system. The amount of numbers called will increase based on the urgency of the situation. Please list 6 numbers you would like entered.

- |         |         |         |
|---------|---------|---------|
| 1 _____ | 3 _____ | 5 _____ |
| 2 _____ | 4 _____ | 6 _____ |

For Office Use Only:

\_\_\_\_\_ Deed \_\_\_\_\_ Lease \_\_\_\_\_ Taxes \_\_\_\_\_ Utility \_\_\_\_\_ M.O./S.G. \_\_\_\_\_ Signature \_\_\_\_\_ Date Completed  
 \_\_\_\_\_ Transportation notified