

CHANGE OF INFORMATION FORM

BETHEL'S SCHOOL DISTRICT No. 403

PLEASE RETURN THIS FORM TO YOUR SCHOOL

Today's date	Effective date
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Type of change: Guardian information Address Emergency contact
 Day care information Phone Other _____

OFFICE USE	Address verified in VersaTrans. Assigned school: _____											
	Transfer request needed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A district employee is attached to student. Route to payroll.											Signature of school staff
STUDENT INFORMATION	Legal last name	Legal first name	Legal middle name	Birth date	Grade	School						
	Legal last name	Legal first name	Legal middle name	Birth date	Grade	School						
	Legal last name	Legal first name	Legal middle name	Birth date	Grade	School						
PRIMARY HOUSEHOLD (where student resides majority of time)	Home address			Apt No	City			Zip code				
	Mailing address, if different			City		Zip code	Primary phone Long distance					
	Parent/Guardian 1 legal last name		Legal first name		M.I.	Relationship to student		Employee of Bethel School District? Yes No				
	Secondary phone home cell other		Third phone home cell other		Phone ext		Parent 1 email address					
	Parent/Guardian 2 legal last name		Legal first name		M.I.	Relationship to student		Employee of Bethel School District? Yes No				
	Secondary phone home cell other		Third phone home cell other		Phone ext		Parent 2 email address					
SECONDARY HOUSEHOLD	Home address			Apt No	City			Zip code				
	Mailing address, if different			City		Zip code	Primary phone Long distance					
	Parent/Guardian 1 legal last name		Legal first name		M.I.	Relationship to student		Employee of Bethel School District? Yes No				
	Secondary phone cell other		Third phone cell work other		Parent 1 email address		Add as emergency contact? Yes No					
	Parent/Guardian 2 legal last name		Legal first name		M.I.	Relationship to student		Employee of Bethel School District? Yes No				
	Secondary phone cell other		Third phone cell work other		Parent 2 email address		Add as emergency contact? Yes No					
DAY CARE INFORMATION	Before school After school Before and after school Days of the week: M T W Th F											
	Day care business name			Day care contact person				Day care phone number				
	Day care address							Day care van Yes No				
EMERGENCY CONTACTS	(If residential parent cannot be reached, persons the school is authorized to contact to pick student up at school.) Add to existing emergency contacts Replace current contacts with contacts listed below.											
	Legal last, first, middle name			Relationship to student			Phone #1 Hm Cell Other			Phone #2 Hm Cell Other		
	Legal last, first, middle name			Relationship to student			Phone #1 Hm Cell Other			Phone #2 Hm Cell Other		
	Legal last, first, middle name			Relationship to student			Phone #1 Hm Cell Other			Phone #2 Hm Cell Other		
OTHER INFORMATION	Other information school staff needs to know (use additional paper if necessary):											

Parent signature _____

Date _____

*Verification of residency may be required

It may be necessary to complete additional forms