

# CHANGE OF INFORMATION FORM

**BETHEL 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: \_\_\_\_\_

<b>For office use:</b>	Address verified in VersaTrans. Assigned school _____		Signature of school staff
	Transfer request needed. <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>STUDENT INFORMATION</b>	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

<b>PRIMARY HOUSEHOLD</b> (Parent/Guardian with whom student resides.)	Guardian 1 legal last name		Guardian 1 legal first name		Middle name		Relationship to student		
	Primary phone    home    cell    other (    )		Secondary phone    home    cell    other (    )		Guardian 1 work phone (    )		Phone ext		
	Guardian 2 legal last name		Guardian 2 legal first name		Middle name		Relationship to student		
	Primary phone    home    cell    other (    )		Secondary phone    home    cell    other (    )		Guardian 2 work phone (    )		Phone ext		
	Home address			Apt No	City			Zip code	
	Mailing address, if different				City			Zip code	

<b>SECONDARY HOUSEHOLD</b> (Parent not residing with student, if applicable.)	Legal last name		Legal first name		Middle name		Relationship to student	
	Primary phone    home    cell    other (    )		Secondary phone    home    cell    other (    )		Work phone (    )		Phone ext	
	Home address		Apt No	City			Zip code	
	Mailing address, if different				City			Zip code

<b>DAY CARE INFORMATION</b>	<input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school    Days of the week: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F		
	Day care business name	Day care contact person	Day care phone number (    )
	Day care address		Day care van <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>EMERGENCY CONTACTS</b>	(Persons the school is authorized to contact to pick student up at school if residential parent cannot be reached.)			
	<input type="checkbox"/> Add to existing emergency contacts		<input type="checkbox"/> Replace current contacts with contacts listed below	
	Legal last, first, middle name	Relationship to student	Phone #1 Home Cell Other (    )	Phone #2 Home Cell Other (    )
	Legal last, first, middle name	Relationship to student	Phone #1 Home Cell Other (    )	Phone #2 Home Cell Other (    )
Legal last, first, middle name	Relationship to student	Phone #1 Home Cell Other (    )	Phone #2 Home Cell Other (    )	

<b>OTHER INFORMATION</b>	Other information school staff needs to know: (use additional paper if needed)
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Parent signature \_\_\_\_\_

Date \_\_\_\_\_

\*Verification of address may be required