

# CHANGE OF STUDENT INFORMATION

PLEASE READ INSTRUCTIONS CAREFULLY

**\*\*PLEASE PRINT\*\***

STUDENT'S NAME: \_\_\_\_\_ STUDENT #: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

## NEW INFORMATION

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Is this a secondary address to be added to the student's file? YES/NO

If so, is this address to receive all communications for this student including academic records, discipline communications and financial statements? YES/NO

Address to be removed (if any) \_\_\_\_\_

UPDATE PHONE NUMBERS (indicate house/cell/work): \_\_\_\_\_

\_\_\_\_\_

Phone number(s) to be removed (if any) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Additional information requested to be added to student's file \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PARISH: \_\_\_\_\_ (LETTER FROM NEW PARISH REQUIRED – SEND TO FINANCE OFFICE)

PRINTED NAME OF PERSON REQUESTING CHANGE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

**\*\*REQUIRED – COPY OF VALID ID OF AUTHORIZED PARENT/GUARDING MUST BE ATTACHED IN ORDER FOR ANY CHANGES TO BE MADE. IF CHANGE OF ADDRESS IS REQUESTED, THE FRONT PAGE OF A BILL WITH NEW ADDRESS (OR UPDATED ID) MUST ALSO BE ATTACHED\*\***