

# GUNDERSON MIDDLE SCHOOL

## CHANGE OF STUDENT INFORMATION

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student I.D. \_\_\_\_\_

Change Phone Number: Home (Cell): \_\_\_\_\_ Work: \_\_\_\_\_

**Change Parent/Guardian Contact Sequence Priority (Preference of which parent the school will contact first):**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Remove a Parent from Student Contact (legal proof of this action is required-court documents):**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Parent/Guardian or Student Legal Name Change (legal proof of this action is required-court documents):**

Name Changed From \_\_\_\_\_ Name Changed To \_\_\_\_\_

Name Changed From \_\_\_\_\_ Name Changed To \_\_\_\_\_

Emergency Contact/ Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Phone \_\_\_\_\_ Circle One  
Add/Remove

Emergency Contact/ Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Phone \_\_\_\_\_ Add/Remove

**Address Change** (New Address with copy of bill): \_\_\_\_\_

**Other:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

OFFICE USE ONLY: CHECK BOX IF CHANGE IN STUDENT INFORMATION IS PER ADMINISTRATION