



## MILILANI HIGH SCHOOL DEMOGRAPHIC CHANGE FORM

FOR OFFICE USE ONLY      SID: \_\_\_\_\_      DATE: \_\_\_\_\_

**INSTRUCTIONS: PLEASE COMPLETE ONLY THE ITEMS YOU WOULD LIKE TO HAVE CORRECTED.**

Student's First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: *Proof of Residency is <b>**REQUIRED**</b> _____ Number                      Street                      Apt # _____ City                              State                              Zip Code	Mailing Address (if different from home address) _____ Number/P.O. Box #                      Street                              Apt # _____ City                              State                              Zip Code
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<b>**REQUIRED DOCUMENTS:</b> <i>Rental or Mortgage Document AND Electric or Water</i> <b>**Only for CHANGE OF HOME ADDRESS**</b>	_____ Main Contact Phone # <i>*this number will be used for the School's Automated Phone Calls</i>
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### PARENT/GUARDIAN CONTACT INFORMATION

**FIRST PARENT/GUARDIAN**

Check one:  Mr.  Mrs.  Ms.  Other (specify): \_\_\_\_\_      Relation:    Father    Mother    Legal Guardian

\_\_\_\_\_      \_\_\_\_\_  
 Last Name    First Name

Cellular Phone# \_\_\_\_\_      Work Phone# (include ext.) \_\_\_\_\_      Other Phone# \_\_\_\_\_

Address (if different from student's) \_\_\_\_\_  
 \_\_\_\_\_

Email Address \_\_\_\_\_

**SECOND PARENT/GUARDIAN**

Check one:  Mr.  Mrs.  Ms.  Other (specify): \_\_\_\_\_      Relation:    Father    Mother    Legal Guardian

\_\_\_\_\_      \_\_\_\_\_  
 Last Name    First Name

Cellular Phone# \_\_\_\_\_      Work Phone# (include ext.) \_\_\_\_\_      Other Phone# \_\_\_\_\_

Address (if different from student's) \_\_\_\_\_  
 \_\_\_\_\_

Email Address \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Check one:  Mr.  Mrs.  Ms.  Other (specify): \_\_\_\_\_      Relation: \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_  
 Last Name    First Name

Cellular Phone# \_\_\_\_\_      Work Phone# (include ext.) \_\_\_\_\_      Other Phone# \_\_\_\_\_

**OTHER CHANGE (PLEASE SPECIFY):** \_\_\_\_\_  
 \_\_\_\_\_

## **FALSIFICATION DECLARATION & CONTINUOUS NOTICE OF NON-DISCRIMINATION**

**According to HRS** § 710-1063, falsification on a government application is a misdemeanor and that when such a violation is found, the child will be sent back to the school where he/she should properly be attending. The DOE may pursue prosecution at its discretion.

**CONTINUOUS NOTICE OF NON-DISCRIMINATION:** The Hawaii State Department of Education (HIDOE) & its schools do not discriminate on the basis of race, sex, age, color, national origin, religion, or disability in its programs & activities.

Please direct inquiries regarding HIDOE nondiscrimination policies as follows:

Civil Rights Compliance Office  
Hawaii State Department of Education  
P.O. Box 2360  
Honolulu, HI 96804  
(808) 586-3322    crco@notes.k12.hi.us