

**REQUEST FOR CHANGE TO STUDENT EMERGENCY CONTACT INFORMATION**

*For the safety of students, changes to Emergency Contact Information after the beginning of the school year must be submitted in person by a parent or guardian of the child.*

Student's name: \_\_\_\_\_  
Last Name First Name Middle

Name of parent requesting change: \_\_\_\_\_  
(Please Print)

Date of change: \_\_\_\_\_

Is this change per a new court or custody order?  YES (Attach copy of new court or custody order)  
 NO

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**Please note change(s) below:**

ADD  REMOVE

Relationship to Student: \_\_\_\_\_ Does the student live with you? YES NO

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

**Please circle the preferred number to reach you in case of an emergency during school hours.**

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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**Please note change(s) below:**

ADD  REMOVE

Relationship to Student: \_\_\_\_\_ Does the student live with you? YES NO

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

**Please circle the preferred number to reach you in case of an emergency during school hours.**

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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