

Date: _____



Family Information Update Form

Please complete the following form for your student(s) who attend Foxborough Regional Charter School **ONLY if you need to update your information**. This information will help to ensure our student information system is accurate, and the parent portal in which parents can view grades, attendance, and assignments is ready for use by parents. **Proof of residency is required to update all address changes. Acceptable forms of proof include: MA state ID/driver's license with *new address*; current utility bill with *new address*; current mortgage/lease agreement.**

Student First Name: _____ Date of Birth ____/____/____

Student Middle Name _____ Student Grade: _____

Student Last Name _____

Mother's First Name _____ Mother's Last Name: _____

Street Address _____ **Date of move:** _____

City/Town: _____ Zip Code: _____

Home Phone _____

Mother's Cell Number: _____ Mother's Work Number: _____

Mother's Email Address: _____

Father's First Name _____ Father's Last Name: _____

(If different than listed above)

Street Address _____

City/Town: _____ Zip Code: _____

Father's Cell Number: _____ Father's Work Number: _____

Father's Email Address: _____

Emergency Contact Information: Please provide information on any emergency contacts you want associated in our database for your child. Please include name, relationship, and phone number.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____