

Household Information Change Form

Student name

Parents/Guardians Who Reside with Student

Last Name _____
First Name _____ MI _____
Gender _____ Relationship to student _____
Phone: Home _____ Work _____
Cell _____
Email address _____

Last Name _____
First Name _____ MI _____
Gender _____ Relationship to student _____
Phone: Home _____ Work _____
Cell _____
Email address _____

Parents/Guardians Who Reside at another Address

Last Name _____
First Name _____ MI _____
Gender _____ Relationship to student _____
Address _____
City _____ State _____ Zip _____
Phone: Home _____ Work _____
Cell _____
Email address _____
Is there a court order restricting this parent/guardian's access to the student? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a copy of the court order MUST be provided.) _____

Last Name _____
First Name _____ MI _____
Gender _____ Relationship to student _____
Address _____
City _____ State _____ Zip _____
Phone: Home _____ Work _____
Cell _____
Email address _____
Is there a court order restricting this parent/guardian's access to the student? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a copy of the court order MUST be provided.) _____

Siblings Living Within Household

Last Name _____
First Name _____ MI _____
Birthdate: _____/_____/_____
<input type="checkbox"/> Male <input type="checkbox"/> Female Grade _____
Currently attending a Jefferson County School <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of School _____

Last Name _____
First Name _____ MI _____
Birthdate: _____/_____/_____
<input type="checkbox"/> Male <input type="checkbox"/> Female Grade _____
Currently attending a Jefferson County School <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School _____

Last Name _____
First Name _____ MI _____
Birthdate: _____/_____/_____
<input type="checkbox"/> Male <input type="checkbox"/> Female Grade _____
Currently attending a Jefferson County School <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of School _____

Last Name _____
First Name _____ MI _____
Birthdate: _____/_____/_____
<input type="checkbox"/> Male <input type="checkbox"/> Female Grade _____
Currently attending a Jefferson County School <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School _____

Proof of residence is required. One of the following is accepted as proof of address: Utility bill (Gas/Electric, Water within past 3 months); Lease; House contract; Paycheck or paycheck stub; SSI or other government check.

Return to Ms. Smith in Student Services.