

Student Information Update Form

In order to insure your child's safety while at school, it is imperative that we have the most current information at all times

Child's Name _____

__ NO additions to my information

__ YES please **ADD** the following information to my child's file

__ YES please **REMOVE** the following information from my child's file

Section I is a place for you to list any changes to personal information; please remember to include changes such as new mobile numbers and the names of any additional people that will have your permission to pick up your child.

In **Section II**, please indicate whether your child has received any new immunizations since they started school. If so, please bring their updated immunization record with you to the office so we can make a copy.

SECTION I – Personal Information Changes

Parent/Guardian _____ Name 1 _____ Name 2 _____

Home Address _____ City _____ Zip _____ Home Phone _____

Cell Phone _____ e-mail address _____

Additional Individuals who have permission to pick up my child (or individuals to be removed)

Remove
name
from file

Name _____ Relationship _____ Cell phone _____

Name _____ Relationship _____ Cell phone _____

Name _____ Relationship _____ Cell phone _____

SECTION II – Updated Immunization Information

My child DOES NOT have any new immunization information to place on file.

My child DOES have new immunization information and I will bring the record ASAP.

Please include any additional information you would like the school to know.