



Cavelero Mid High School Address Change/ Student Info Update

STUDENT INFO	STUDENT NAME	Last Name	First Name	Middle Name	
	Date of Birth	Student ID #	Grade	Today's Date	
FAMILY #1	PARENT/ GUARDIAN #1	Last Name	First Name	Middle Name	
	RELATIONSHIP	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Guardian		E-MAIL	
	Home Phone	Cell Phone	Work Phone	Parent /Guardian Signature Required to complete change	
	PARENT/ GUARDIAN #2	Last Name	First Name	Middle Name	
	RELATIONSHIP	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Guardian <input type="radio"/> Step-Mother <input type="radio"/> Step-Father			
	Cell Phone	Work Phone	E-MAIL		
	Old Address	Street Address	City	State	Zip
	New Address	Street Address	City	State	Zip
Mailing Address OLD			Mailing Address NEW		
FAMILY #2	PARENT/ GUARDIAN #1	Last Name	First Name	Middle Name	
	RELATIONSHIP	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Guardian		E-MAIL	
	Home Phone	Cell Phone	Work Phone		
	PARENT/ GUARDIAN #2	Last Name	First Name	Middle Name	
	RELATIONSHIP	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Guardian <input type="radio"/> Step-Mother <input type="radio"/> Step-Father			
	Cell Phone	Work Phone	E-Mail		
	Old Address	Street Address	City	State	Zip
	New Address	Street Address	City	State	Zip
Mailing Address OLD			Mailing Address NEW		

When injury or illness or other emergency situations occur involving your child, we want to be able to quickly reach family members, neighbors and other responsible adults (age 18 or older). In the event that we cannot reach a parent/guardian, please list individuals who are available to provide care for your child.

EMERGENCY CONTACT INFORMATION	<input type="radio"/> add <input type="radio"/> delete	Last Name	First Name	Middle Name
	Relationship to student	Home phone	Work Phone	Cell phone
	<input type="radio"/> add <input type="radio"/> delete	Last Name	First Name	Middle Name
	Relationship to student	Home phone	Work Phone	Cell Phone
	<input type="radio"/> add <input type="radio"/> delete	Last Name	First Name	Middle Name
	Relationship to student	Home phone	Work Phone	Cell Phone
	<input type="radio"/> add <input type="radio"/> delete	Last Name	First Name	Middle Name
Relationship to student	Home phone	Work Phone	Cell Phone	
DIRECTIONS				
<ol style="list-style-type: none"> 1. Print form 2. Complete Student Info 3. Fill in only areas that require a change 4. Primary Household Parent or Guardian Signature Required 				
FOR OFFICE USE ONLY				
Date Received	Date Completed	Emergency Info Book Updated <input type="radio"/> yes	Completed By	

Please return to Mrs. Matsuzaki Counseling Center West