



430 Griswold Street

920-748-5465

CHILD'S NAME _____

Please use this form if a change occurs that should be noted on your child's school records. Upon receipt of this notice, I will make the requested change.

Changes being requested (please check appropriate items):

___ Change of Address

___ Change of Telephone Number

___ Change of Mother's Place of Employment

___ Change of Father's Place of Employment

___ Change of (or addition to) persons to be called in case of emergency

___ Change (or addition to) persons to whom child may be released to

___ Other: _____

Item to be deleted: _____

Item to be added: _____

2nd item to be deleted: _____

2nd item to be added: _____

Effective date for changes: _____

Signed _____

Date _____

