



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: \_\_\_\_\_

2<sup>nd</sup> item to be deleted: \_\_\_\_\_

2<sup>nd</sup> item to be added: \_\_\_\_\_

Effective date for changes: \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

