

CHANGE OF INFORMATION FORM

BETHEL SCHOOL DISTRICT No. 403

PLEASE RETURN THIS FORM TO YOUR SCHOOL

Today's date	Effective date
--------------	----------------

Type of change: Guardian information Address Emergency contact
 Day care information Phone Other _____

OFFICE USE	Address verified in VersaTrans. Assigned school: _____					
	Signature of school staff					
STUDENT INFORMATION	Transfer request needed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A district employee is attached to student. Route to payroll.					
	Legal last name	Legal first name	Legal middle name	Birth date	Grade	School
	Legal last name	Legal first name	Legal middle name	Birth date	Grade	School
	Legal last name	Legal first name	Legal middle name	Birth date	Grade	School
PRIMARY HOUSEHOLD (where student resides majority of time)	Home address		Apt No	City		Zip code
	Mailing address, if different		City	Zip code	Primary phone	<input type="checkbox"/> Long distance
	Parent/Guardian 1 legal last name	Legal first name	M.I.	Relationship to student		Employee of Bethel School District? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Secondary phone <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> other		Third phone <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> other		Phone ext	Parent 1 email address
	Parent/Guardian 2 legal last name	Legal first name	M.I.	Relationship to student		Employee of Bethel School District? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Secondary phone <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> other		Third phone <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> other		Phone ext	Parent 2 email address
SECONDARY HOUSEHOLD	Home address		Apt No	City		Zip code
	Mailing address, if different		City	Zip code	Primary phone	<input type="checkbox"/> Long distance
	Parent/Guardian 1 legal last name	Legal first name	M.I.	Relationship to student		Employee of Bethel School District? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Secondary phone <input type="checkbox"/> cell <input type="checkbox"/> other		Third phone <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> other		Parent 1 email address	
					Add as emergency contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Parent/Guardian 2 legal last name	Legal first name	M.I.	Relationship to student		Employee of Bethel School District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary phone <input type="checkbox"/> cell <input type="checkbox"/> other		Third phone <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> other		Parent 2 email address		
				Add as emergency contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DAY CARE INFORMATION	<input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school Days of the week: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F					
	Day care business name		Day care contact person		Day care phone number	
	Day care address					Day care van <input type="checkbox"/> Yes <input type="checkbox"/> No
EMERGENCY CONTACTS	(If residential parent cannot be reached, persons the school is authorized to contact to pick student up at school.)					
	<input type="checkbox"/> Add to existing emergency contacts			<input type="checkbox"/> Replace current contacts with contacts listed below.		
	Legal last, first, middle name		Relationship to student	Phone #1 <input type="checkbox"/> Hm <input type="checkbox"/> Cell <input type="checkbox"/> Other	Phone #2 <input type="checkbox"/> Hm <input type="checkbox"/> Cell <input type="checkbox"/> Other	
	Legal last, first, middle name		Relationship to student	Phone #1 <input type="checkbox"/> Hm <input type="checkbox"/> Cell <input type="checkbox"/> Other	Phone #2 <input type="checkbox"/> Hm <input type="checkbox"/> Cell <input type="checkbox"/> Other	
Legal last, first, middle name		Relationship to student	Phone #1 <input type="checkbox"/> Hm <input type="checkbox"/> Cell <input type="checkbox"/> Other	Phone #2 <input type="checkbox"/> Hm <input type="checkbox"/> Cell <input type="checkbox"/> Other		
OTHER INFORMATION	Other information school staff needs to know (use additional paper if necessary):					

Parent signature

Date

*Verification of residency may be required

It may be necessary to complete additional forms