

UNITED LOCAL SCHOOL DISTRICT
CHANGE OF STUDENT INFORMATION

Student Name _____ Date: _____
Grade _____

Parent Name _____

Date of Birth _____ Date Change Will Occur: _____
Current Bus Number _____

Please fill in the section that applies and return to high school or elementary office:

Change of Last Name

Custodial Parent Full Name _____ Student Full Name _____
Parent New Last Name _____ Student New Last Name _____
Parent *Former* Last Name _____ Student Former Last Name _____

Change of Address (Please indicate which parent, if applicable) Divorce Separation Other

Parent Name _____
New Address _____

Old Address _____

New Bus Number (if applicable) _____

Change of Contact Number (Indicate which parent, if applicable) Divorce Separation Other

Custodial Parent Name _____
New Phone Number (Mom) _____ Home _____ Cell Messaging Texting
New Phone Number (Dad) _____ Home _____ Cell Messaging Texting
Old Phone Number (Mom) _____ Home _____ Cell (remove from DASL)
Old Phone Number (Dad) _____ Home _____ Cell (remove from DASL)

Change of Email Address

Custodial Parent Name _____
New Email Address: _____
Old Email Address: _____

For Office Use Only

_____ **This information has been updated in DASL & a copy has been shared with the following:**

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Office (Elem., Jr./Sr. High) | <input type="checkbox"/> EMIS Coordinator | <input type="checkbox"/> Transportation | <input type="checkbox"/> Supt. Office (Open Enroll) |
| <input type="checkbox"/> Guidance Office | <input type="checkbox"/> Nurse's Office | <input type="checkbox"/> Cafeteria | |