Khalsa Montessori School

Student Information Change Form

Student Name:_____ Homeroom:_____

Date of change: _____

Please circle all that apply:

Entire Household Student Only Parent/ Guardian 1 Parent/ Guardian 2

Type of Change

- ☐ **Address** For Charter - Complete NEW AZ Department of Education Residency Documentation Form
- ☐ **Phone number**
- ☐ **Email Address**
- ☐ **Child Name Change** (please provide legal name change paperwork or adoption paperwork and new birth certificate reflecting the change)
- ☐ **Adult Name Change** (please provide new ID with legal name change)

CHANGE (Please PRINT clearly)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Number: _____ Work Number: _____

Email Address: _____

Administration initial & date as task is completed:

☐ Change in School Master	Initial:_____	Date:_____
☐ Change on email lists	Initial:_____	Date:_____
☐ Change in Blue Card book	Initial:_____	Date:_____
☐ Change in Student File	Initial:_____	Date:_____
☐ Change in classroom Blue Books	Initial:_____	Date:_____
☐ AZ Residency Form and Documents	Initial:_____	Date:_____