

CHANGE OF STUDENT ENROLLMENT INFORMATION

| | | | |
|-----------------|--------|------|-----|
| Student: | | | |
| First | Middle | Last | DOB |

| | | | | | |
|-----------------------------|---------|---------------|-----------------------------|---------|---------------|
| Parent/Guardian (1): | | | Parent/Guardian (2): | | |
| Home Phone #: | Work #: | Cell Phone #: | Home Phone #: | Work #: | Cell Phone #: |
| Email Address: | | | Email Address: | | |
| Current Mailing Address: | | | Current Mailing Address: | | |
| City, State, Zip Code: | | | City, State, Zip Code: | | |

Emergency Contacts Must Be 18 Years Old or Older

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|--------|----------|--------------------------------|--------|----------|
| Adding | Removing | <i>(Circle Type of Change)</i> | Adding | Removing |
|--------|----------|--------------------------------|--------|----------|

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|---|---------|---------------|---|---------|---------------|
| Emergency Contact (1): | | | Emergency Contact (2): | | |
| Relationship: | | | Relationship: | | |
| Home Phone #: | Work #: | Cell Phone #: | Home Phone #: | Work #: | Cell Phone #: |
| Address: | | | Address: | | |
| City, State, Zip Code: | | | City, State, Zip Code: | | |
| Does this individual have permission to check out this student? Please Circle YES NO | | | Does this individual have permission to check out this student? Please Circle YES NO | | |

| | | | | |
|--------|----------|--------------------------------|--------|----------|
| Adding | Removing | <i>(Circle Type of Change)</i> | Adding | Removing |
|--------|----------|--------------------------------|--------|----------|

| | | | | | |
|---|---------|----------------|---|---------|---------------|
| Emergency Contact (3): | | | Emergency Contact (4): | | |
| Relationship: | | | Relationship: | | |
| Home Phone #: | Work #: | Cell Phone # : | Home Phone #: | Work #: | Cell Phone #: |
| Address: | | | Address: | | |
| City, State, Zip Code: | | | City, State, Zip Code: | | |
| Does this individual have permission to check out this student? Please Circle YES NO | | | Does this individual have permission to check out this student? Please Circle YES NO | | |

Health Changes

I hereby certify that the information above is true and correct, and I understand that if I intentionally falsely enroll the student named above in a school not in his or her proper attendance zone, the student may be denied any credit for school work completed while improperly attending the out-of-district school. I further certify that this declaration is not given for the purpose of evading the effect of any court order. I also understand that this certificate is subject to filing in the United States District Court for the Southern District of Alabama, and I consent to its filing with the United States authorities if required.

| | |
|--------------------------------|-------|
| Parent's/Guardian's Signature: | Date: |
| _____ | _____ |

Official Use Only