

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

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
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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: _____
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Official Use Only