

UPDATE HOUSEHOLD INFORMATION

Please complete only 1 form per household. Submit to school location.

FULL NAME of Head of Household _____ **Effective Date** ____/____/____

Student Name(s) _____

Reason for Update:

 Name Change* Address Change* Phone Change Email Change Emergency Contact Change

Name Change - Legal documentation must be submitted with form. Address Change* - Proof of Residence must be submitted with form.*

PRIMARY HOUSEHOLD

NAME CHANGE

Parent/Guardian Current Name _____ Parent/Guardian Former Name _____

ADDRESS CHANGE

Former Address _____ City _____ State _____ Zip _____

New Subdivision: _____

New Address _____ City _____ State _____ Zip _____

PHONE NUMBER CHANGE

Home Phone: _____

Parent/Guardian Name _____ Cell # / Work # / Pager # _____

(circle one)

Parent/Guardian Name _____ Cell # / Work # / Pager # _____

(circle one)

EMAIL ADDRESS CHANGE

Parent/Guardian Name _____ Email Address _____

EMERGENCY CONTACT CHANGE

Up to 3 individuals (per household) may be designated as emergency contacts.

Add Name / Gender	Add Phone	Remove Name	Remove Phone
_____ M / F	_____	_____	_____
_____ M / F	_____	_____	_____
_____ M / F	_____	_____	_____

FORM WILL NOT BE PROCESSED UNLESS FIRST APPROVED BY SCHOOL LOCATION.

Proof of Residence				FOR OFFICE USE ONLY			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Deed	Sales Contract	Lease/Rent Contract	Real Estate Tax Receipt (current)	Utility Bill (unpaid)	Verified accuracy & legibility of form	Verified Residence	Verified Other Legal
_____	_____	_____	_____	_____/_____/_____ Date	IS Department - Processing Completed _____ Name _____ Date ____/____/____		
Registrar or Lead Secretary	DESE Code	_____	_____	_____	_____	_____	_____

CHANGE HOUSEHOLD INFORMATION

Please complete only 1 form per household. Submit to school location.

FULL NAME of Head of Household _____ Effective Date ____ / ____ / ____

Student Name(s) _____

Reason for Update:
Name Change* Address Change* Phone Change Email Change Emergency Contact Change

Name Change* - Legal documentation must be submitted with form.

SECONDARY HOUSEHOLD

NAME CHANGE

Parent/Guardian Current Name _____ Parent/Guardian Former Name _____

ADDRESS CHANGE

Former Address _____ City _____ State _____ Zip _____

New Subdivision: _____

New Address _____ City _____ State _____ Zip _____

PHONE NUMBER CHANGE

Home Phone: _____

Parent/Guardian Name _____ Cell # / Work # / Pager # _____

(circle one)

Parent/Guardian Name _____ Cell # / Work # / Pager # _____

(circle one)

EMAIL ADDRESS CHANGE

Parent/Guardian Name _____ Email Address _____

EMERGENCY CONTACT CHANGE

Up to 3 individuals (per household) may be designated as emergency contacts.

Add Name / Gender	Add Phone	Remove Name	Remove Phone
_____ M / F	_____	_____	_____
_____ M / F	_____	_____	_____
_____ M / F	_____	_____	_____

FORM WILL NOT BE PROCESSED UNLESS FIRST APPROVED BY SCHOOL LOCATION.

FOR OFFICE USE ONLY

Verified accuracy
& legibility of form

Verified
Legal Docs

Registrar or Lead Secretary

DESE
Code

Date

IS Department - Processing Completed

Name

Date