

CHANGE OF INFORMATION FORM

BETHEL SCHOOLS

PLEASE RETURN THIS FORM TO YOUR SCHOOL

Today's date	Effective date
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Type of change: Guardian information Address * Emergency contact
 Day care information Phone Other _____

OFFICE USE	Address verified in VersaTrans. Assigned school: _____													
	Transfer request needed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A district employee is attached to student. Route to payroll.											Signature of school staff		
STUDENT INFORMATION	Legal last name	Legal first name	Legal middle name	Birth date	Grade	School								
	Legal last name	Legal first name	Legal middle name	Birth date	Grade	School								
	Legal last name	Legal first name	Legal middle name	Birth date	Grade	School								
PRIMARY HOUSEHOLD (where student resides majority of time)	Home address				Apt No	City				Zip code				
	Mailing address (if different)				City		Zip code		Primary phone		Long distance			
	Parent/Guardian 1 legal last name		Legal first name		M.I.	Relationship to student			Employee of Bethel School District? Yes No					
	Secondary phone home cell other		Third phone home cell other			Phone ext		Parent 1 email address						
	Parent/Guardian 2 legal last name		Legal first name		M.I.	Relationship to student			Employee of Bethel School District? Yes No					
	Secondary phone home cell other		Third phone home cell other			Phone ext		Parent 2 email address						
SECONDARY HOUSEHOLD	Home address				Apt No	City				Zip code				
	Mailing address (if different)				City		Zip code		Primary phone		Long distance			
	Parent/Guardian 1 legal last name		Legal first name		M.I.	Relationship to student			Employee of Bethel School District? Yes No					
	Secondary phone cell other		Third phone cell work other			Parent 1 email address				Add as emergency contact? Yes No				
	Parent/Guardian 2 legal last name		Legal first name		M.I.	Relationship to student			Employee of Bethel School District? Yes No					
	Secondary phone cell other		Third phone cell work other			Parent 2 email address				Add as emergency contact? Yes No				
DAY CARE INFORMATION	Before school After school Before and after school Days of the week: M T W Th F													
	Day care business name				Day care contact person				Day care phone number					
	Day care address								Day care van Yes No					
EMERGENCY CONTACTS	(If residential parent cannot be reached, persons the school is authorized to contact to pick student up at school.) Add to existing emergency contacts Replace current contacts with contacts listed below.													
	Legal last, first, middle name				Relationship to student			Phone #1 Hm Cell Other			Phone #2 Hm Cell Other			
	Legal last, first, middle name				Relationship to student			Phone #1 Hm Cell Other			Phone #2 Hm Cell Other			
	Legal last, first, middle name				Relationship to student			Phone #1 Hm Cell Other			Phone #2 Hm Cell Other			
OTHER INFORMATION	Other information school staff needs to know (use additional paper if necessary):													

Parent signature

Date