

CHANGE OF INFORMATION

Bethel School District No 403

PLEASE RETURN THIS FORM TO GRAHAM KAPOWSIN HIGH SCHOOL REGISTRAR OR FAX IT TO (253) 683-6297	TODAY'S DATE	EFFECTIVE DATE
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Type of change: • Guardian Information • Emergency Contact • Other Information
 • Address* • Phone

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 (parent/guardian with whom student resides)					
GUARDIAN 1 LEGAL LAST NAME	GUARDIAN LEGAL FIRST NAME	MIDDLE NAME	RELATIONSHIP • MOTHER • STEPMOTHER • FATHER • STEPFATHER • OTHER: _____		
PRIMARY PHONE •Home •Cell •Confidential ()	GUARDIAN 1 •Cell •Home •Confidential ()	GUARDIAN 1 WORK PHONE ()	Email		
GUARDIAN 2 LEGAL LAST NAME	GUARDIAN 2 LEGAL FIRST NAME	MIDDLE NAME	RELATIONSHIP • MOTHER • STEPMOTHER • FATHER • STEPFATHER • OTHER: _____		
	GUARDIAN 2 •Cell •Home •Confidential ()	GUARDIAN 2 WORK PHONE ()	Email		
HOME ADDRESS*		APT NO	CITY	ZIP CODE	
MAILING ADDRESS, IF DIFFERENT		APT NO	CITY	ZIP CODE	
SECONDARY HOUSEHOLD (parent not residing with student if applicable)					
• MOTHER • FATHER • MOTHER/STEPFATHER • FATHER/STEPMOTHER • FOSTER PARENT • GUARDIAN			ADDITIONAL MAILING REQUESTED? • YES • NO		
LEGAL LAST NAME	LEGAL FIRST NAME	MIDDLE	RELATIONSHIP		
PRIMARY PHONE •Home •Cell •Confidential ()	GUARDIAN 1 •Cell •Home •Confidential ()	GUARDIAN 1 WORK PHONE ()	Email		
	GUARDIAN 2 •Cell •Home •Confidential ()	GUARDIAN 2 WORK PHONE ()	Email		
HOME ADDRESS		APT NO	CITY	ZIP CODE	
MAILING ADDRESS, IF DIFFERENT		APT NO	CITY	ZIP CODE	
EMERGENCY CONTACTS (other than parent/guardian)					
EMERGENCY CONTACT (Legal Last, First, Middle Name)	RELATIONSHIP TO CHILD	PHONE #1 •Home •Work •Cell ()	PHONE #2 •Home •Work •Cell ()		
EMERGENCY CONTACT (Legal Last, First, Middle Name)	RELATIONSHIP TO CHILD	PHONE #1 •Home •Work •Cell ()	PHONE #2 •Home •Work •Cell ()		
EMERGENCY CONTACT (Legal Last, First, Middle Name)	RELATIONSHIP TO CHILD	PHONE #1 •Home •Work •Cell ()	PHONE #2 •Home •Work •Cell ()		
OTHER INFORMATION					
Other information school staff needs to know: (Use additional paper if needed) such as if any information should be deleted from emergency contacts.					

 Parent/Guardian Signature (required) Date District Employee

*In order to verify residency for a change of address please attach a copy of one of the following: escrow papers, mortgage book or statement, property tax statement, homeowner's association statements, utility bill (gas, electric, garbage, water, sewer), cable TV bill, land line phone bill, renter's insurance statement.