

ANDERSON COUNTY SCHOOLS---CHANGE FORM

Please list each student in the household and fill in any information that has changed. Complete one form per household and return to any school that you have a child/children enrolled.

Students in Same Household Attending School *(Ages 3 and Above)*

1st Student's LEGAL Name: _____
FIRST MIDDLE LAST

Grade _____ School _____

2nd Student's LEGAL Name: _____
FIRST MIDDLE LAST

Grade _____ School _____

3rd Student's LEGAL Name: _____
FIRST MIDDLE LAST

Grade _____ School _____

4th Student's LEGAL Name: _____
FIRST MIDDLE LAST

Grade _____ School _____

Primary Household *(This is the address where the students above reside.)*

Physical Address _____
NUMBER STREET APT/LOT CITY STATE ZIP

Mailing Address _____
(if different) P.O. BOX (OR OTHER MAILING ADDRESS) CITY STATE ZIP

(Check if Unlisted) Home Phone _____

Parent or Guardian 1 *(This is the primary parent/guardian for the students listed above.)*

Name _____ Email Address _____
FIRST MIDDLE LAST

Employer _____ Work Phone _____ Cell Phone _____

Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify) _____

Parent or Guardian 2 *(This is either the second parent/guardian or a step-parent living in the household.)*

Name _____ Email Address _____
FIRST MIDDLE LAST

Employer _____ Work Phone _____ Cell Phone _____

Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify) _____

Secondary Household *(This section should be completed if both parents do not live in the Primary Household.)*

Physical Address

NUMBER STREET APT/LOT CITY STATE ZIP

Mailing Address

(if different)

P.O. BOX (OR OTHER MAILING ADDRESS) CITY STATE ZIP

(Check if Unlisted) Home Phone _____

Parent or Guardian 3 *(This will generally be a parent who does NOT live in the Primary Household with the students.)*

Name _____ Email Address _____
FIRST MIDDLE LAST

Employer _____ Work Phone _____ Cell Phone _____

Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify) _____

Parent or Guardian 4 *(This will generally be the individual living with a parent in a Secondary Household.)*

Name _____ Email Address _____
FIRST MIDDLE LAST

Employer _____ Work Phone _____ Cell Phone _____

Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify) _____

Emergency Contacts /Check Out Consent

Name	Relationship	Home Phone	Work Phone	Cell Phone

Parent Signature _____ Date _____