PEAK TO PEAK STUDENT INFORMATION CHANGE FORM

Date of Request: _____

Student Name: _____ Grade: _____
Last First

Student Name: _____ Grade: _____
Last First

Student Name: _____ Grade: _____
Last First

Please provide NEW INFORMATION ONLY

1. NEW PARENT/GUARDIAN INFORMATION:

Student lives with: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Joint Custody ☐ Other: _____

Parent/Guardian Name: _____ Relationship to Student: _____

2. NEW ADDRESS INFORMATION:

(A change of address requires a copy of proof of residency.
Please provide a copy of one of the following: utility bill, mortgage invoice, drivers' license, bank statement)

Residence address: _____
Street city state zip

Is this address within the Boulder Valley School District boundaries? __ yes __ no

Mailing address (if different than residence): _____
Street city state zip

The above address change is for: ☐ Student ☐ Mother ☐ Father ☐ Other: _____

3. NEW CONTACT INFORMATION:

New home phone number: _____ ☐ Student ☐ Mother ☐ Father

New work phone number: _____ ☐ Mother ☐ Father ☐ Other: _____

New cell phone number: _____ ☐ Mother ☐ Father ☐ Other: _____

New e-mail address: _____ ☐ Mother ☐ Father ☐ Other: _____

4. NEW EMERGENCY CONTACT INFORMATION:

(EMERGENCY CONTACTS ARE THOSE PEOPLE TO WHOM THE STUDENT MAY BE RELEASED IN CASE OF ILLNESS OR INJURY WHEN A PARENT/GUARDIAN CANNOT BE REACHED)

_____ _____ _____
Local Emergency Contact Relationship to Student Phone Number

_____ _____ _____
Local Emergency Contact Relationship to Student Phone Number

_____ _____ _____
Other Relationship to Student Phone Number

_____ _____ _____
Submitted by: Signature Print Name Please Date

Health Records Updated ☐ _____ Student Information Updated ☐ _____
Date Date