

STUDENT PERSONAL INFORMATION UPDATE

Updated July 2015

PLEASE PRINT CLEARLY.

DATE: _____ CBE ID# _____ GRADE: _____

STUDENT LEGAL NAME: _____

(Last, First Middle)

STUDENT AKA NAME: _____

(Last, First Middle)

Name of sibling(s) at Aberhart (if any): _____

PLEASE FILL IN ONLY THE INFORMATION THAT IS TO BE CHANGED - ALL INFORMATION WILL BE VERIFIED BEFORE ANY CHANGES ARE MADE. This form will be kept in student file.

ADDRESS: _____

POSTAL CODE: _____ HOME PHONE NO.: _____

RESIDENTIAL AREA you will be living in: _____

Father/Guardian name (first & last): _____

Father/Guardian home(h) & work(w) phone number(s): _____

Mother/Guardian name (first & last): _____

Mother/Guardian home(h) & work(w) phone number(s): _____

With whom do you reside: Both Parents _____
Mother only _____
Father only _____
Other (Specify) _____

Are you an Independent student? _____ (Must see an Administrator to qualify) Papers on File? _____

If you are moving out of our area and wish to remain at Aberhart, **you must see an Administrator.**

Admin. Approval – Signature & Date: _____

IF CHANGES ARE REQUIRED TO PERSONAL HEALTH INFORMATION, PLEASE INDICATE:

YES: _____ (If Yes, pick up Student Health Plan and Emergency Response Protocol forms at Main Office. Complete and return asap)

NO: _____

Effective date of change: Now: _____ or Future Date: _____

Printed Name & Relationship to Student

Signature

Office Use:

Information verified with whom & how: _____

Information verified by who: _____ Date: _____

Change made in SIRS by: _____ Date: _____