

**LITCHFIELD ELEMENTARY SCHOOL DISTRICT NO. 79
STUDENT INFORMATION CHANGE FORM**

School Year: 20___/20___

- | | | | |
|---|---------------------------------------|---|--|
| <input type="checkbox"/> Barbara B. Robey | <input type="checkbox"/> Corte Sierra | <input type="checkbox"/> Dreaming Summit | <input type="checkbox"/> Litchfield |
| <input type="checkbox"/> L. Thomas Heck | <input type="checkbox"/> Palm Valley | <input type="checkbox"/> Mabel Padgett | <input type="checkbox"/> Rancho Santa Fe |
| <input type="checkbox"/> Scott L. Libby | <input type="checkbox"/> Verrado ES | <input type="checkbox"/> Verrado Heritage | <input type="checkbox"/> Verrado MS |
| <input type="checkbox"/> Western Sky | <input type="checkbox"/> Wigwam Creek | <input type="checkbox"/> White Tank Learning Center | |

*ONLY FILL OUT WHERE INFORMATION CHANGE SHOULD BE MADE. PLEASE LIST ALL OF YOUR CHILDREN.

Student's Name		Grade	Teacher
Mother/Guardian's Name:			
Home Telephone #:		Cell #:	Work #:
Home Address:			
City		State	Zip
Mailing Address: (if different than home address)			
Street			
City		State	Zip
Father/Guardian's Name:			
Home Telephone #:		Cell #:	Work #:
Home Address:			
City		State	Zip
Mailing Address: (if different than home address)			
Street			
City		State	Zip
Contact Information: Contacts other than the parent/guardian will be considered to have your authorization to take your child from school and/or have lunch, visit classroom, or any other non-volunteer activity on campus without any additional authorization or contact from you. Contacts must be 18 years or older. **Contacts Listed below will be added to existing emergency contacts already in the student management system, unless noted to remove existing contacts.			
Contact #1 Name:			Relationship:
Home Telephone #:		Cell Telephone #:	Work Telephone #:
Contact #2 Name:			Relationship:
Home Telephone #:		Cell Telephone #:	Work Telephone #:
Contact #3 Name:			Relationship:
Home Telephone #:		Cell Telephone #:	Work Telephone #:
Contact #4 Name:			Relationship:
Home Telephone #:		Cell Telephone #:	Work Telephone #:

Parent/Guardian Signature

Date Information was changed

If changing home address, you must supply gas or electric bill AND a copy of your drivers license displaying current residential address.