



Student Name \_\_\_\_\_

*Please Print*

### School Board of Brevard County, Florida CHANGE OF STUDENT INFORMATION Returning Students ONLY

Use **ONE** form per family and **ONE** form per school. List all students.

Effective Date: \_\_\_\_\_

(Please print clearly)

STUDENT RESIDES WITH: \_\_\_\_\_ Relationship: \_\_\_\_\_

Student's Name _____	Grade _____	School _____	ID# _____
Student's Name _____	Grade _____	School _____	ID# _____
Student's Name _____	Grade _____	School _____	ID# _____

Student resides with (Circle ONE): Mother/Father    Mother    Father    Legal Guardian    Stepmother/Father    Stepfather/Mother

**Address change:** (MUST furnish proof of your residence with two of the following: Current Homestead Exemption Card or Purchase Contract (with expected closing date within 90 days of school) or Warranty Deed; Lease/rental agreement (with your name as the renter); Current utilities statement (within the last 30-45 days); Driver's License – F. S. 322.19 (2) requires that you update your address information on your driver's license within ten days of moving.)

OLD address: \_\_\_\_\_

NEW address: \_\_\_\_\_

Housing addition or Apartment Complex: \_\_\_\_\_

**Change of home phone:** Mother/Legal Guardian: \_\_\_\_\_ Father/Legal Guardian: \_\_\_\_\_

**Change of cellular/pager:** Mother/Legal Guardian: \_\_\_\_\_ Father/ Legal Guardian: \_\_\_\_\_

**Change of work phone:** Mother/Legal Guardian: \_\_\_\_\_ Father/Legal Guardian: \_\_\_\_\_

Email (mother): \_\_\_\_\_ Email (father): \_\_\_\_\_

**Change/Addition to emergency contact: (other than parent)**

Person: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_ Able to pick up child? Y N  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Person: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_ Able to pick up child? Y N  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Person: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_ Able to pick up child? Y N  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Change of marital status:** New name: \_\_\_\_\_

**Change of custody:** (choose ONE) (Must provide court documentation)

Father to Mother      Mother to Father      Legal Guardian to Parent      Parent to Legal Guardian

**Change of legal name for STUDENT:** (Must provide birth certificate or court documentation.)

From (name): \_\_\_\_\_

To (name): \_\_\_\_\_

**STUDENT PREFERRED NAME (AKA)** \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Name (Please print)

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_