

SCHOLAR DATA UPDATE(S)

Please PRINT



ADDRESS & CONTACT INFORMATION CHANGE

Date: _____

Child's Name: (If more than 1, please list all)	Child's Grade: (If more than 1, please list all)

NEW PHONE

NEW ADDRESS

TEMPORARY ADDRESS

Please attach a copy of your proof of new address (SMUD, PG&E, or Rental Agreement) to this form.

Address: _____

City, State and Zip: _____

Telephone Number: _____

Mobile Number: _____

COMMENTS: _____

EMERGENCY CONTACT INFORMATION CHANGES

*Note: The adults listed below are authorized to pick up and care for the above-names scholar(s).
Scholar(s) may be released to others with written or verbal authorization.*

Name 1: _____

Phone: _____ Relationship: _____

Name 2: _____

Phone: _____ Relationship: _____

Name 3: _____

Phone: _____ Relationship: _____

Signature of Parent/Guardian: _____ Date: _____

Print name of Parent/Guardian: _____