

ST. JAMES R-1 SCHOOL DISTRICT  
STUDENT INFORMATION CHANGE FORM

Please print the form, complete, sign, date, and return to the school for the change(s) to be made.

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

Sibling's Names \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Parent Name & Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
\_\_\_\_\_ Email Address \_\_\_\_\_

Cell Numbers \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_

Alternate Parent Name & Address \_\_\_\_\_ Alternate Parent Home Phone Number \_\_\_\_\_  
\_\_\_\_\_ Alternate Parent Email Address \_\_\_\_\_

Alternate Parent's Cell Numbers \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_

Contact Information Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_