



Address/Phone/Email Change Form

List all children in your family for whom these changes are effective:

First and Last Name:

Grade/School Building:

Change of Family Address *

*Date Effective: _____

This change will affect all guardians in the household. (If the reason for the address change is due to a change in family status (ie marriage, divorce, separation, change in custody, please use the **Change of Legal Information Form.**)

Previous Address: _____

Street

Apt #

City

State Zip

New Address: _____

Street

Apt #

City

State Zip

New Bus Transportation Needed

Change of Phone:

*Date Effective: _____

Name of person whose phone number is changing: _____

Primary Phone: _____ Type: Home Work Cell

Second Phone: _____ Type: Home Work Cell

Change of email address:

Date Effective: _____

Name of person whose email is changing: _____

New email: _____

Signature

Date

Please print name

Please return this form to Sheila Ely-Kotaska in the District Office - Becker High School, Door #2
12000 Hancock Street, Becker MN 55308 Fax: 763-261-2559 Email: sely-kotaska@isd726.org