



RICHARDSON INDEPENDENT SCHOOL DISTRICT

Change of Student Information Form

Student Name _____ Date of Birth _____

Grade _____ ID# _____ School _____

Parent/Guardian Name _____ Date of Change _____

I would like to update the following student information:

Residency Information (Current proof of residency must be provided to make address changes).

**Proof of residency is water, gas or electric bill in the name of the parent or guardian who owns or rents a house, duplex, townhome or condominium. Apartment lease in the name of the parent or guardian who is renting an apartment.*

New Street Address _____ Apt # _____ City _____

State _____ Zipcode _____ New Main Phone Number _____

Addition or Change of Information of Parent/Guardian (Identity will be verified).

Parent/Guardian Who Live With Student

1. Name _____ Relationship _____

Main Phone _____ Alternate Phone _____

Email Address _____

2. Name _____ Relationship _____

Main Phone _____ Alternate Phone _____

Email Address _____

Parent/Guardian Not Living With Student

3. Name _____ Relationship _____

Main Phone _____ Alternate Phone _____

Email Address _____

Contact Mailing Address _____

COMPLETE INFORMATION ON THE REVERSE SIDE

☐ Addition or Change of Information of Emergency Contacts *(If a parent/guardian is unavailable, the student may be release to the following people in case of emergency).*

1. Name _____ Relationship _____
Phone Number _____ Driver's License # _____
2. Name _____ Relationship _____
Phone Number _____ Driver's License # _____
3. Name _____ Relationship _____
Phone Number _____ Driver's License # _____
4. Name _____ Relationship _____
Phone Number _____ Driver's License # _____

Please list here any other changes or report incorrect data such as spellings, birth date, gender, etc.

(Requested changes will be verified). _____

Signature of Parent/Guardian _____ Date _____