

<b>For Office Use Only:</b>	<b>Date Received:</b>	<b>Received By:</b>	<b>School:</b>
Residency: <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Declaration of Residence <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Utility Bill(s) <input type="checkbox"/> Hardship (Title X) <input type="checkbox"/> Address Confidentiality Program	Guardianship: <input type="checkbox"/> Court Ordered <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Foster Placement <input type="checkbox"/> Student Records Access	School Assignment: <input type="checkbox"/> Elementary _____ <input type="checkbox"/> Middle _____ <input type="checkbox"/> High _____ <input type="checkbox"/> Pupil Att. _____	Status: <input type="checkbox"/> Remain at current school <input type="checkbox"/> Choice <input type="checkbox"/> Transfer <input type="checkbox"/> 1 year OD or OB

*Please complete only 1 per household. Submit to school location.*

**Student #(s):** \_\_\_\_\_ **Household #:** \_\_\_\_\_

Parent/Guardian completing form: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Student Name(s): \_\_\_\_\_ Current Grade: \_\_\_\_\_

Reason for Update:                                                                                                                 

Name Change\*    Address Change\*    Phone Change    Email Change    Emergency Contact Change    Guardianship Change\*

Name Change\* - Legal documentation must be submitted if change is for the student.  
 Address Change\* - Two proofs of residence must be submitted with form.  
 ✓ Acceptable forms include: Purchase contract with possession date or closing date not more than 90 days out; current signed lease or rental agreement; current utility bill (i.e. Xcel, water, cable) or mortgage statement; or property tax bill for current year (property/service address must match mailing address) – Adams or Broomfield county.  
 Guardianship Change\* - Complete only the second page of this form. Supporting documents must be submitted with form.

**NAME CHANGE**     Parent/Guardian    **OR**     Student

Former Name: \_\_\_\_\_                      New Name: \_\_\_\_\_

**ADDRESS CHANGE**     Student(s) Primary Residence     Student(s) Secondary Residence     Student(s) Secondary will now be the Primary Residence

Former Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

New Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Residence - Residency is important as it can directly relate to rights under the McKinney-Vento Homeless Assistance Act.	
<input type="checkbox"/> House/Apt/Condo/Townhouse/Duplex <input type="checkbox"/> Motel/Hotel <input type="checkbox"/> Campground/RV/Car <input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Are you living with friends/family due to loss of housing or financial hardship? <input type="checkbox"/> Are you a student not living with a parent or legal guardian? <input type="checkbox"/> Transitional Housing Program <input type="checkbox"/> Other, please describe _____

**PHONE NUMBER CHANGE**

Parent/Guardian Name: \_\_\_\_\_ Phone \_\_\_\_\_     Home     Cell     Work     Other    Ext: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone \_\_\_\_\_     Home     Cell     Work     Other    Ext: \_\_\_\_\_

**EMAIL ADDRESS CHANGE**

Parent/Guardian Name \_\_\_\_\_ Email Address: \_\_\_\_\_

**EMERGENCY CONTACT CHANGE**

Emergency Contacts are authorized to give consent for urgent health, dental, surgical procedures or hospital care, and/or pickup of student(s) in the event of an emergency and District staff unable to reach an authorized parent/legal guardian.

	Last Name, First Name	Gender	Add Phone	Relationship to Student
<input type="checkbox"/> Add	_____	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____	_____

**COMPLETE ONLY IF THERE IS A CHANGE IN THE STUDENT(S) GUARDIANSHIP:**

**GUARDIANSHIP CHANGE:**

Court Ordered Guardianship    
  Power of Attorney    
  Foster Placement    
  Student Records Access

PRIMARY HOUSEHOLD - (where student(s) resides majority of the time)				
Residence Street Address				
City	State	Zip	County	Home Phone
Mailing Address (if different than above)			We prefer our correspondence in: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	
City	State	Zip	County	
Guardian Last Name		Guardian First Name		<input type="checkbox"/> Male <input type="checkbox"/> Female
Work Phone	Cell Phone	Email Address		DOB
Guardian Last Name		Guardian First Name		<input type="checkbox"/> Male <input type="checkbox"/> Female
Work Phone	Cell Phone	Email Address		DOB

SECONDARY HOUSEHOLD - (Parent/Guardian that resides at another address)				
Residence Street Address				
City	State	Zip	County	Home Phone
Mailing Address (if different than above)			We prefer our correspondence in: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	
City	State	Zip	County	
Parent/Guardian Last Name		Parent/Guardian First Name		<input type="checkbox"/> Male <input type="checkbox"/> Female
Work Phone	Cell Phone	Email Address		DOB
Parent/Guardian Last Name		Parent/Guardian First Name		<input type="checkbox"/> Male <input type="checkbox"/> Female
Work Phone	Cell Phone	Email Address		DOB

**EMERGENCY CONTACT CHANGE**

Emergency Contacts are authorized to give consent for urgent health, dental, surgical procedures or hospital care, and/or pickup for my student(s) in the event of an emergency and District staff cannot reach an authorized parent/legal guardian.

	Last Name, First Name	Gender	Add Phone	Relationship to Student
<input type="checkbox"/> Add	_____	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____	_____

1. Federal law requires that educational records concerning a child be shared with a parent regardless of his/her custody status or decision making authority absent a court order limiting such disclosures. Please submit such court order if applicable.
2. By default, parent/guardian who reside at either the primary or secondary household will be allowed to pick up the child(ren) from school.
3. Be aware that without prior notice or verification, students will not be released early during the day to anyone other than a parent/legal guardian.

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