



INTERBORO SCHOOL DISTRICT
Student Information Change Form
(Guardian to present a Valid Picture ID with change)

Student's Full Name: _____ Student Has IEP Yes or No

Student's Current School Name: _____ Student's Grade: _____

Student's Full Name: _____ Student Has IEP Yes or No

Student's Current School Name: _____ Student's Grade: _____

Student's Full Name: _____ Student Has IEP Yes or No

Student's Current School Name: _____ Student's Grade: _____

CHANGE OF ADDRESS (Must present Proof of Residency, 1 Utility Bill, 1 Piece of Mail & Valid Picture ID)

New Address: _____

CHANGE OF PHONE NUMBERS / EMAIL ADDRESS

Contact Name: _____ New Home Phone: _____

New Cell Phone: _____ New Email: _____

Adding 2nd Parent

Add 2nd Parent Name: _____

Address: _____

Phone: _____

If 2nd parent making request: _____ photo ID _____ custody paperwork submitted

Other

PARENT/GUARDIAN

SIGNATURE: _____ DATE: _____

REGISTRATION SIGNATURE: _____ DATE: _____

Office use:

_____ Daily Sheet _____ Copy to Bldg. _____ Eschool
_____ file in folder