

Queen Creek High School

Student Demographic/Emergency Contact Update

Student Name: _____ ID or Date of Birth: _____

***** Address change **requires** a CURRENT UTILITY BILL (GAS, WATER OR ELECTRIC) *****
***** If you are using a P.O. Box, you must provide proof your street address as well *****

Please check all that may apply:

_____ Address Change SUBDIVISION (REQUIRED) _____
Date of Move: _____
New Address: _____

_____ Parent/Guardian Phone Number(s) Change
Person: _____
Relationship to Student: _____
Phone Number: _____

CHECK BOXES THAT APPLY: Contact Allowed Education Rights Mailings Allowed Release To
 Other _____

_____ Email Address Change
New Email(s): _____

_____ Other (emergency contacts, etc...)

If you prefer the automated system to contact you using an alternate phone number rather than your home phone number, please list the preferred Contact Number below:

Alternate Notification Phone Number: _____

Signature of Parent, Guardian, or Eligible Student

Date

Date Request Processed _____	Processed by: _____
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