

## Ivanna Eudora Kean High School DEMOGRAPHIC CHANGE FORM

FOR OFFICE USE ONLY SID: DATE:						
INSTRUCTIONS: PLEASE COMPLETE ONLY THE ITEMS YOU WOULD LIKE TO HAVE CORRECTED.						
Student's First Name M.I.		Last Name			ast Name	
William Strain S		2007.1.01110				
Date of Birth Parent/Guardian Signature		gnature	Date			
Physical Address Mailing Address						
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Number Street	Apt #	Ni mala ar/D C		Ctroot	Λ :a ± Ψ	
Normber Sileer	Αρι #	Number/P.C	). DOX #	Street	Apt #	
City State	Zip Code	City	State	9	Zip Code	
	Main Contact Phone #					
				r the School's	Automated Phone Calls	
PARENT/GUARDIAN CONTACT INFORMATION						
		NT/GUARDIAN				
Check one: Mr. Mrs. Ms. Oth	er (specify):	Relatio	n: Father	Mother	Legal Guardian	
Last Name		First Name				
Cellular Phone# Work Phone# (include ext.) Other Phone#						
Colloidi i Honeli	WORLTHOHOL IIIC	iode exi.j	Offici	111011011		
Email Address						
SECOND PARENT/GUARDIAN						
Check one: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Oth	er (specify):	Relatio		Mother	Legal Guardian	
Check one.   Mil.   Mis.   Ms.   On	er (specify)	Kelalioi	i. Tulliel	Monie	Legal Guardian	
Last Name		First Name				
Cellular Phone#	Work Phone# (inc	lude ext.)	Other	Phone#		
	,	,				
Email Address						
	EMERGENCY CON	TACT INICOPA	ATION:			
EMERGENCY CONTACT INFORMATION:						
Check one: Mr. Mrs. Ms. Other (specify): Relation:						
Last Name		First Name				
Collular Phone#	Work Phono# line	ludo ovt )		Phone#		
Cellular Phone#	Work Phone# (inc	ioue exi.)	Omer	i none#		
OTHER CHANGE (PLEASE SPECIFY):						