



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

Physical Address			Mailing Address		
Number	Street	Apt #	Number/P.O. Box #	Street	Apt #
City	State	Zip Code	City	State	Zip Code

\_\_\_\_\_ Main Contact Phone #  
*\*this number will be used for the School's Automated Phone Calls*

**PARENT/GUARDIAN CONTACT INFORMATION**

**FIRST PARENT/GUARDIAN**  
Check one:  Mr.  Mrs.  Ms.  Other (specify): \_\_\_\_\_ Relation: Father Mother Legal Guardian  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Cellular Phone# \_\_\_\_\_ Work Phone# (include ext.) \_\_\_\_\_ Other Phone# \_\_\_\_\_  
Email Address \_\_\_\_\_

**SECOND PARENT/GUARDIAN**  
Check one:  Mr.  Mrs.  Ms.  Other (specify): \_\_\_\_\_ Relation: Father Mother Legal Guardian  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Cellular Phone# \_\_\_\_\_ Work Phone# (include ext.) \_\_\_\_\_ Other Phone# \_\_\_\_\_  
Email Address \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**  
Check one:  Mr.  Mrs.  Ms.  Other (specify): \_\_\_\_\_ Relation: \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Cellular Phone# \_\_\_\_\_ Work Phone# (include ext.) \_\_\_\_\_ Other Phone# \_\_\_\_\_

**OTHER CHANGE (PLEASE SPECIFY):** \_\_\_\_\_  
\_\_\_\_\_