

Alder Grove Charter School
Parent/ Student Contact Information Change Form

Date: _____

Student Last Name: _____ Student First Name: _____

Student Preferred name: _____

Information Completed by: _____

Parent Email Address Changes (print clearly):

Parent Name: _____

Parent Preferred Email Address:	
Parent Alternate Email Address:	

Parent / Student Phone Number Changes:

Parent Name(s): _____

Parent Home/Preferred Phone:	
Parent Cell/ Alternate Phone:	
Student Cell Phone:	
Emergency Phone: _____ Name/Relationship: _____	

Address Changes:

Parent(s) Name: _____

Physical Address:	
Mailing Address:	

Student Name Change: Legal Name Change (legal documents must be attached) ☐ Preferred Name/Alias ☐

First Name:		Last Name:	
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Student Preferred Gender: ☐ Male ☐ Female ☐ Non-binary