

CIRCLEVILLE HIGH SCHOOL

CHANGE OF HOME ADDRESS/PHONE/CUSTODY FORM

DATE: _____

STUDENT NAME: _____

PARENT/GUARDIAN NAME: _____

CHANGE OF CUSTODY: YES NO WHO NOW HAS CUSTODY? _____

COPY OF CUSTODY PAPERS: YES NO (NEED COPY OF CUSTODY PAPERS)

FORMER ADDRESS: _____ NEW ADDRESS: _____

FORMER HOME PHONE #: _____ NEW HOME PHONE #: _____

(PLEASE INCLUDE AREA CODE WITH NUMBER)

PLEASE NOTE: STANDARD PHONE OR CELL PHONE (CIRCLE ONE)

**IF CUSTODY HAS CHANGED OR OTHER CONTACTS/PHONE NUMBERS ARE TO BE EDITED,
ADDED OR DELETED, PLEASE FILL OUT A NEW EMERGENCY MEDICAL FORM. 1/08**