



Student Information Update Form

Child's First/Last Name _____			
Effective Change Date _____			
New Home Phone # _____			
New Address _____			
Street	Apt #	City	Province Postal Code
Parent 1 /Guardian _____, _____			
Last Name		First Name	
New Address _____			
Address	Apt #	City	Province Postal Code
New Telephone Numbers: Home # _____ Cell # _____ Email _____			
New Work _____ New Work # _____			
(indicate Business Name, street address and city)			
Parent 2 /Guardian _____, _____			
Last Name		First Name	
New Address _____			
Address	Apt #	City	Province Postal Code
New Telephone Numbers: Home # _____ Cell # _____ Email _____			
New Work _____ Work # _____			
(indicate Business Name, street address and city)			
<u>Emergency Contact Information 1</u>		<u>Emergency Contact Information 2</u>	
Name _____		Name _____	
Relationship to child _____		Relationship to child _____	
Street Address _____		Street Address _____	
Cell or Daytime Phone # _____		Cell or Daytime Phone # _____	
This form and all information provided within will replace any previous form completed.			
I/We acknowledge that we have read the Terms of Agreement and consent to the same and warrant the information set out above is correct.			
_____	_____	_____	_____
Date	Parent 1/Guardian Signature	Parent 2/Guardian Signature	Supervisor/Witness Signature