

# Student Contact – Information – UPDATE

***TYPE INFORMATION IN HIGHLIGHTED FIELDS, REVIEW, PRINT, SIGN & SUBMIT TO FRONT OFFICE***

***\*\*\*Enter only New, Changed, or Corrected Information\*\*\****

**ADDRESS CHANGE: Must also fill out and submit Affidavit of Residence form with proof of address**

## Student Information

Legal Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Bus: \_\_\_\_\_  
Address: \_\_\_\_\_ Grade: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Phone: \_\_\_\_\_

## Parent/Guardian Information *(Home Address & Phone If Different from Student's)*

Name: \_\_\_\_\_ Relationship: Mother  
Home Address: \_\_\_\_\_ Legal Guardian: Yes No  
City: \_\_\_\_\_ Resides Here: Yes No  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: Father  
Home Address: \_\_\_\_\_ Legal Guardian: Yes No  
City: \_\_\_\_\_ Resides Here: Yes No  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Legal Guardian: Yes No  
City: \_\_\_\_\_ Resides Here: Yes No  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

## Emergency Contact Information

*Individuals below are authorized to pick up my child and can be reached during school hours at the number listed (other than parent/guardian)*

Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____

Emergency comments:

### **FULTON COUNTY BOARD OF EDUCATION EMERGENCY TRANSPORTATION/TREATMENT RELEASE:**

In the event I cannot be reached, I give permission for this student to be transported to a hospital and authorize the hospital to provide emergency medical or surgical treatment. I will assume full responsibility for all charges related to the above and release the hospital, the school and the school system, its agents, employees, administrators, and assigns from any and all liability claims and causes of action arising in connection with the transportation and/or treatment of the student named hereon.

*Requires signature of one parent/guardian student resides with. Please review form, print, sign and submit to Front Office..*

Print Parent/Guardian Name:

Parent/Guardian Signature: \_\_\_\_\_

Date: