



## THE SEED PUBLIC CHARTER SCHOOL CHANGE OF ADDRESS & CONTACT INFORMATION FORM

### STUDENT INFORMATION

Last Name	First Name	Middle Name	Suffix
-----------	------------	-------------	--------

### STUDENT'S NEW ADDRESS & CONTACT INFORMATION

Address: (Residential address)		Apt. #:	Ward:
City/State:	Zip Code:	Home Phone #:	
Type of living arrangement: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		If temporary, is it due to loss of housing or economic hardship: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone #:	Cell Phone #:	Work Phone #:	
Email 1:	Email 2:		

### GUARDIAN INFORMATION – Has guardianship changed? ☐ Yes ☐ No *Supporting documentation **MUST** accompany this form.*

Last Name	First Name	Suffix
Home Phone #:	Cell Phone #:	Work Phone #:

### EMERGENCY CONTACTS

*If you have previously indicated someone as an emergency contact and would like to remove them, or would like to add someone to your child's emergency contact list, please indicate here. Check Add or Remove, whichever applies.*

Name: <input type="checkbox"/> Add <input type="checkbox"/> Remove	Relationship:	Home: Work: Cell:
Name: <input type="checkbox"/> Add <input type="checkbox"/> Remove	Relationship:	Home: Work: Cell:
Name: <input type="checkbox"/> Add <input type="checkbox"/> Remove	Relationship:	Home: Work: Cell:

Parent/Guardian Name (print): \_\_\_\_\_

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

*Please make sure to provide updates to this information with the Office of Admissions as changes occur.*