

**St. Peter Catholic School  
Change of Information  
(Please update information)**

STUDENT NAME (S) \_\_\_\_\_ GRADE(S) \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

E-MAIL \_\_\_\_\_ WORK E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (City & Zip Code)

PARENT/GUARDIAN NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

E-MAIL \_\_\_\_\_ WORK E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (City & Zip Code)

**SCHOOL DISTRICT YOU LIVE IN** \_\_\_\_\_

NAME OF **PUBLIC SCHOOL** STUDENT WOULD ATTEND IF NOT AT ST. PETER \_\_\_\_\_

**CHANGE IN OR ADDITIONAL EMERGENCY CONTACTS**

NAME \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

**HEALTH NOTE:** If there are any changes that staff need to be made aware of please submit in writing to the school office so we can update the students file. (You may use the back of this form - indicate child's name)

PLEASE PRINT FAMILY NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_