



## STUDENT INFORMATION CHANGE FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Requested by: \_\_\_\_\_ NHCSB Staff: \_\_\_\_\_ Date: \_\_\_\_\_

**Directions:** Have you moved recently or have a new email address or phone number? Would you like to update your child's emergency contact? If necessary please complete the information below with any updates. Should you have any questions or need assistance completing this form, contact our school registrar, at registrar@nhcsb.org or (508) 857-5721.

### MAILING ADDRESS UPDATE

OLD ADDRESS	NEW ADDRESS
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
	DATE MOVED: _____

### EMAIL ADDRESS UPDATE

OLD EMAIL ADDRESS	NEW EMAIL ADDRESS
Email on file: _____	New Email: _____

### PHONE NUMBER UPDATE

OLD PHONE NUMBER	NEW PHONE NUMBER
Current Phone number: _____	New Phone number: _____

### EMERGENCY CONTACT UPDATE

EMERGENCY CONTACT #1	EMERGENCY CONTACT #2
FIRST NAME: _____	FIRST NAME: _____
LAST NAME: _____	LAST NAME: _____
PHONE NUMBER: _____	PHONE NUMBER: _____
RELATIONSHIP: _____	RELATIONSHIP: _____