**Date:** MM/DD/YYYY

|  |  |
| --- | --- |
| **School System** |       |

|  |  |
| --- | --- |
| **Staff Name** |       |

|  |  |  |
| --- | --- | --- |
| **Family Name** | **Father** | **Mother** |
|       |       |       |

Please complete for the children listed on this form.

|  |  |
| --- | --- |
| 1. **Change of Schools**
 | MM/DD/YYYY |

|  |  |
| --- | --- |
| 1. **Change of Address**
 |  |
| **Old Address:** |       |
| **New Address:** |       |
| **New Phone Number:** |       |

Please list **ALL** children in family for whom this information applies.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Name** | **Date of Birth** | **COEstar ID#** | **Former School Name/Code** | **New School Name/Code** | **Enrollment Date** | **Grade Level** | **\*Graduation Code and Date** |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |       |

\*G = Graduation

\*H = High School Equivalency Diploma

**COMMENTS:**

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| --- |
|       |
|       |