**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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