

Student Information Update

Student First/Last Name: _____ Student's Cell Phone _____

Primary Family #1:

First Guardian, First/Last Name: _____ Email: _____

Second Guardian, First/Last Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

If the primary address has changed, a NEW proof of residence is required to be submitted with this form.

Family #2:

First Guardian, First/Last Name: _____ Email: _____

Second Guardian, First/Last Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact #1:

First/Last Name: _____ Relationship: _____

Address: _____ Relationship: _____

City _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact #2:

First/Last Name: _____ Relationship: _____

Address: _____ Relationship: _____

City _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Health Conditions? Yes No If YES, please request and fill out a new green Health Condition Form to update

Parent/Guardian Signature _____ Date _____

Please complete this form in accordance with Wenatchee School District policy #3131 revised December 2015.
Please *print* all information for clarity.