Torrance Unified School District

REQUEST FOR CHANGE

OFFICE USE ONLY:

☐ ADDRESS CHANGE

☐ ADDRESS & SCHOOL CHANGE

☐ PERMIT ☐ OE ☐ BW ☐ OV

_____

STUDENT #1 - ID: ___ ___ ___ ___ ___ ___ ___

STUDENT #2 - ID: ___ ___ ___ ___ ___ ___ ___

STUDENT #3 - ID: ___ ___ ___ ___ ___ ___ ___

STUDENT #4 - ID: ___ ___ ___ ___ ___ ___ ___

STUDENT LAST NAME:	STUDENT FIRST NAME:	BIRTHDATE:	GRADE:	CURRENT SCHOOL:	OFFICE USE ONLY
1)					
2)					
3)					
4)					

NEW ADDRESS _____ APT# _____ CITY _____ ZIP CODE: _____
NO P.O. BOX ADDRESS

PREVIOUS ADDRESS _____ APT# _____ CITY _____ STATE _____ ZIP CODE: _____

HOME PHONE _____

PARENT/GUARDIAN - #1 ☐ FATHER ☐ MOTHER ☐ STEP-FATHER ☐ STEP-MOTHER ☐ LEGAL GUARDIAN ☐ FOSTER PARENT ☐ OTHER _____

☐ MR ☐ MRS / MS FIRST NAME _____ LAST NAME _____ ☐ LIVES WITH STUDENT

RESIDENCE ADDRESS _____ EMAIL ADDRESS _____
(If different from Student)

PHONE# _____ _____ _____
HOME (If different from student) WORK CELL

PARENT/GUARDIAN - #2 ☐ FATHER ☐ MOTHER ☐ STEP-FATHER ☐ STEP-MOTHER ☐ LEGAL GUARDIAN ☐ FOSTER PARENT ☐ OTHER _____

☐ MR ☐ MRS / MS FIRST NAME _____ LAST NAME _____ ☐ LIVES WITH STUDENT

RESIDENCE ADDRESS _____ EMAIL ADDRESS _____
(If different from Student)

PHONE# _____ _____ _____
HOME (If different from student) WORK CELL

PLEASE GIVE THE FOLLOWING INFORMATION ABOUT "ALL" ADULTS LIVING IN THE HOME:

NAME:	RELATIONSHIP TO STUDENT:	WORK PHONE:	WORK EMAIL:	NAME OF EMPLOYER:	OCCUPATION:

NOTES: _____

I hereby certify under penalty of perjury that the foregoing is true and correct and I understand the above information may be verified at any time by the Torrance Unified School District.

_____ PARENT OR GUARDIAN SIGNATURE

_____ DATE

_____ FWEC