

Alder Grove Charter School

Information Change Form

Date: _____

Last Name: _____ First Name: _____

Below information completed by: _____

Grade Level Change

Current Grade Level: _____ New Grade Level: _____

Physical or Mailing Address Changes

New Physical Address:

Street _____ City _____ State _____ Zip Code _____

New Mailing Address:

Street _____ City _____ State _____ Zip Code _____

Telephone Number Changes

Home phone: _____ Mother's cell phone: _____

Student's cell phone: _____ Father's cell phone: _____

Name Change

(Please attach a copy of legal documentation)

New Student Name: _____

Teacher Change

Current CT: _____ New CT: _____ Effective

Date: _____

Admin. Signature: _____ (CT changes only)

