DEMOGRAPHIC CHANGE REQUEST

STUDENT: _____ Grade: _____ DOB: _____
         Legal Last   Legal First   M.I.

PRINT Requestor's Name:_____ Date: _____

SIGNATURE: _____ Date: _____
        Legal Parent or Legal Guardian Signature

DIRECTIONS:
1. Enter changes ONLY.
2. For address changes, please attach two(2) most current Proof of Residence documents.
3. For change of custody status, appropriate legal documents must be submitted.
4. For name change, appropriate legal document must be submitted.

Household 1: Legal Parents/Guardians living with student

Home Phone: _____ - _____ - _____ ☐ Private

Primary Address: _____

      City: _____ State: HI Zip Code: _____

Mailing Address: _____

      City: _____ State: HI Zip Code: _____

1) **LEGAL Parent/Guardian** Last Name: _____ First Name: _____

    Emergency Priority #: _____ Relationship to student: Father   Mother   Other:_____

    Cell: _____ - _____ - _____ Work: _____ - _____ - _____ Email:_____

2) **LEGAL Parent/Guardian** Last Name: _____ First Name: _____

    Emergency Priority #: _____ Relationship to student: Father   Mother   Other:_____

    Cell: _____ - _____ - _____ Work: _____ - _____ - _____ Email:_____

3) **Other guardian living with student and can be contacted for emergency**

    Last Name _____ First Name: _____

    Emergency Priority #: _____ Relationship to student: Stepfather Stepmother Other:_____

    Cell: _____ - _____ - _____ Work: _____ - _____ - _____ Email:_____

4) **Siblings in the Household attending Hawaii DOE K-12 school:**

Sibling Last Name: _____ First Name: _____

    Birthdate: _____ Hawaii DOE School: _____

Sibling Last Name: _____ First Name: _____

    Birthdate: _____ Hawaii DOE School: _____

Sibling Last Name: _____ First Name: _____

    Birthdate: _____ Hawaii DOE School: _____

Continued on next page for Non-Household & Emergency Contact Information

DEMOGRAPHIC CHANGE REQUEST

Non-Household 2 Information: Legal parent/guardian NOT living with student.

Home Phone: _____ - _____ - _____   ☐ Private

Primary Address: _____

    City: _____ State: _____ Zip Code: _____

1) **LEGAL Parent/Guardian** Last Name: _____ First Name: _____

    Emergency Priority #: _____   Relationship to student: Father   Mother   Other: _____

Cell: _____ - _____ - _____   Work: _____ - _____ - _____   Email: _____

2) Other adult in this non-household to be contacted for emergency:

    Last Name _____ First Name: _____

    Emergency Priority #: _____   Relationship to student: Stepfather   Stepmother   Other: _____

Cell: _____ - _____ - _____   Work: _____ - _____ - _____   Email: _____

3) Siblings in this Non- Household attending Hawaii DOE K-12 school:

    Sibling Last Name: _____ First Name: _____

      Birthdate: _____   Hawaii DOE School: _____

    Sibling Last Name: _____ First Name: _____

      Birthdate: _____   Hawaii DOE School: _____

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EMERGENCY CONTACT (Other than Legal Parent/Guardian)

1) Contact Last Name: _____ First Name: _____

Relationship to student: Grandmother Grandfather Uncle Aunt Sibling Family Friend Other: _____

Home: _____ - _____ - _____   Work: _____ - _____ - _____   Cell: _____ - _____ - _____

2) Contact Last Name: _____ First Name: _____

Relationship to student: Grandmother Grandfather Uncle Aunt Sibling Family Friend Other: _____

Home: _____ - _____ - _____   Work: _____ - _____ - _____   Cell: _____ - _____ - _____

OFFICE USE ONLY:

Student ID: _____   Date Rec'd: _____ Date Entered: _____ Modified by: _____

Documents Received: _____

FILE IN CUMULATIVE FOLDER