

Southwest Dekalb High School Student Data Change Form

Student Name _____

Date of Birth _____

Add Additional Contacts

Below list individuals that are authorized to check your child in/out of school only. No additional information will be given to those individuals concerning your child.

Emergency Contacts

Name	Relationship to Student	Contact Number

Parent Signature _____ Date _____

Change Address

To change your address, you must present a lease or mortgage statement, a gas, light or water utility bill in your name.

Parent (s) Name: _____

New Address: _____

City: _____ Zip Code: _____

Home () _____ Cell () _____

Parent Signature _____ Date _____