HOUSEHOLD INFORMATION UPDATE

Provide pro		□Se	paration* \Box	Divorc	e* □Custody Cha	nge* □Household ation with official se	l Compos	sition	G	rict.		
Signature of Cu	stodial Pa	arent/Gua	ardian:						Date:			
Household Name:				I prefer communications be received in: English or Spanish								
			Student 1	Name(s	s) Please include al	l children living in ti	his house	hold.				
Student Name/Household Member		*Hispan	ic **Rac	e	Date of Birth	Relationship to listed students		Gender	Name of School (if not attending school place an 2		Grade	
*Hispanic: Yes or No **F Parents/Guardians	Race: A-Asiai	n B-Black I-A				n W-White (Federal Law y specifying primary firs		ve provide rac	ce and ethnicity as sep	parate categories)		
Name	Dolotionobin		Address *Proof of new address must be presented at the district office.			Household Phone Number	Cellphone Number		Work Number			
	E	mergencv			,	GUARDIANS LISTE Ontacts that can be r			ol hours			
Contact Name			Relationship to Student(s) ex: Neighbor, Aunt, Grandmother			Daytime Phone Number			Type of Phone Number ex: Home, Work, Cell			