

Change of Information Form
Holy Family Elementary School Families



Please fill out this form **ONLY for the fields that you have recently had a change** to that the school is not aware of. This will be updated on Powerschool and the school database.

Our family has a change to the following:

Mailing Address:

Home Address:

Home Phone #:

Parish:

Father's Cell Phone #:

Mother's Cell Phone #:

Father's Work Phone #:

Mother's Work Phone #:

Father's E-mail Address:

Mother's E-mail Address:

Father's Employer:

Mother's Employer:

My Child's Emergency Contact People:

Contact Person #1: Name:

Phone:

Relationship:

Contact Person #2: Name:

Phone:

Relationship:

My Child's Doctor/Dentist:

New Dentist Name:

New Dentist Phone #:

New Doctor's Name:

New Doctor's Phone #:

My Child's Healthcare Information:

Child's Name (changes pertain to):

New medical concerns, allergies or medications the school needs to be aware of:

By signing below, I attest that the updated information listed here is correct to the best of my knowledge and I give my permission for this information to be updated in the school database and on Powerschool.

Legal Parent/Guardian Signature

Date