Student Information Update Form

REQUIRED INFORMATION:

_____ _____ _____
Student's Legal Name (Last, First, MI) **Grade** **Date of Birth**

_____ _____
Parent/Legal Guardian Signature **Date**

Please fill out only the information that has changed. Information provided will be entered into the Hawaii Department of Education Student Information System. Address changes require proof of residence. Other legal changes require official documentation.

HOUSEHOLD INFORMATION

A household is the designation of a group of people in one nuclear family who live in the same home. All households must include at least one parent or legal guardian. Any school-aged siblings residing in the same house and attending a Hawaii DOE school should also be listed as household members. Changing demographic information for one sibling in a household will change the information for all siblings in the household.

Primary Home Phone: _____ -_____ - _____

Primary Address: _____ City: _____ State: HI Zip Code: _____

Mailing Address: _____ City: _____ State: HI Zip Code: _____

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

Relationship to student: Father   Mother   Legal Guardian

Cell: _____ - _____ - _____   Work: _____ - _____ - _____   Other: _____ - _____ - _____

Address if different from student's:

_____ City: _____ State: _____ Zip Code: _____

Mailing contact: yes no

Indicate if applicable: Military/Branch of Service: _____ or   Works on Federal Gov't property?

2) Legal Parent/Guardian Last Name: _____ First Name: _____

Relationship to student: Father   Mother   Legal Guardian

Cell: _____ - _____ - _____   Work: _____ - _____ - _____   Other: _____ - _____ - _____

Address if different from student's:

_____ City: _____ State: _____ Zip Code: _____

Mailing contact: yes no

Indicate if applicable: Military/Branch of Service: _____ or   Works on Federal Gov't property?

School Aged Siblings (who attend Hawaii DOE Schools) in the Household:

Sibling Last Name: _____ First Name: _____

        DOB: _____ Current Hawaii DOE School: _____

Sibling Last Name: _____ First Name: _____

        DOB: _____ Current Hawaii DOE School: _____

Sibling Last Name: _____ First Name: _____

        DOB: _____ Current Hawaii DOE School: _____

Sibling Last Name: _____ First Name: _____

        DOB: _____ Current Hawaii DOE School: _____

EMERGENCY CONTACTS (Other than Parent/Legal Guardian)

1) Contact Last Name: _____ First Name: _____

Relationship to student: _____

Cell: _____ - _____ - _____   Work: _____ - _____ - _____   Other: _____ - _____ - _____

2) Contact Last Name: _____ First Name: _____

Relationship to student: _____

Cell: _____ - _____ - _____   Work: _____ - _____ - _____   Other: _____ - _____ - _____

3) Contact Last Name: _____ First Name: _____

Relationship to student: _____

Cell: _____ - _____ - _____   Work: _____ - _____ - _____   Other: _____ - _____ - _____

Other Change(please specify):   _____

_____

_____