

East Moriches UFSD
Student Information Updates

Today's Date: _____

Student's Name: _____

Grade & Homeroom: _____

The following information needs to be changed for the above named student:

_____ Address **

_____ Telephone Number

_____ Email

New Address: _____

New Home Phone: _____

New Work Phone: _____

New Email Address: _____

****Proof of residency needs to accompany this form if requesting a change of address. Address changes will not be made without proof of residency.**

Homeowners: copy of mortgage statement, tax receipt, or deed **AND** copy of one utility bill

Renters: Please contact the Registrar's office for additional paperwork and instructions.

Please indicate who the phone or email changes are for: _____ Mother

_____ Father

_____ Legal Guardian

Parent/Legal Guardian Authorized Signature

cc: Homeroom Teacher; Nurse; Main Office; Principal; Registrar