



This box - CPS Use Only:

Student ID [] [] [] [] [] [] [] [] []
Entry Date ___/___/___ Entry Code _____
Homeroom _____ Staff Initials _____

Student Change of Information Form

Today's Date ___/___/___

Current School Year _____ Current School Name _____

Dear Parent/Guardian, Thank you for updating your child's information. On this form, the child's legal name must be used. The following items must accompany this form: Proof of current address (dated within last 30 days), a valid state-issued photo ID for parent/guardian, and a copy of child's Birth Certificate or court documents. Please print or type.

STUDENT INFORMATION

Last Name _____ First Name _____ Middle _____

Birthdate ___/___/___ Gender (Check One) [] Male [] Female Current Grade _____

PREVIOUS ADDRESS

Home Address _____ Apt. Number _____ City _____ State _____ Zip Code _____

NEW ADDRESS

Home Address _____ Apartment Number _____

City _____ State _____ Zip Code _____

Phone _____ Unlisted? [] No [] Yes

PARENT/GUARDIAN/OTHER (Person completing this Student Change of Information Form)

Last Name _____ First Name _____ Resides with Student? [] No [] Yes
[] Mother [] Father [] Guardian [] Stepparent [] Foster parent * [] Grandparent *** [] Surrogate Parent *** [] Other ***

**Address _____ City _____ State _____ Zip Code _____

Phone _____ Unlisted? [] No [] Yes School District of Residence _____

Cell Phone _____ Receive Text Messages? [] No [] Yes

Cincinnati Public Schools is required to identify students whose parent is (or parents are) in the U.S. Armed Forces (Active Duty or Reserve status) or in the National Guard.

Parent/Guardian in U.S. Military or National Guard? [] No [] Yes

Email Address _____ Do you want parent PowerSchool account? [] No [] Yes

* If foster parent, obtain a current copy of court order showing district of responsibility. Retain in cumulative file.

** If address is different from student's address; addresses are required for natural or adoptive parents.

*** If parent is not custodial, include copy of Grandparent Power of Attorney (POA) and Caregiver Authorization.

To Staff: If student is in foster placement, please fax form to Customer Care Center (363-0125) or, if preschool age, fax to Early Childhood (363-0245).

TEMPORARY LIVING ARRANGEMENTS The following questions refer to the McKinney-Vento Act 42 U.S.C. 11435.

Answers to these questions help determine what services a student may be eligible to receive.

Is student's current address a temporary living arrangement? [] No [] Yes

Is this temporary living arrangement due to loss of housing or economic hardship? [] No [] Yes

Where is the student living now?

[] In motel or hotel [] Doubled up with family or friend [] In homeless shelter [] Unaccompanied youth
[] Other (a place not designed for sleeping accommodations)

To Staff: If answered "Yes" to temporary living arrangement, student is entitled to immediate enrollment. Please fax form to Project Connect (363-3220).

I understand that any inaccurate information provided about this student may result in a change of grade level, a change of class, or an immediate transfer or withdrawal from this school.

Parent/Guardian Signature _____ Date _____