

COMMACK UFSD
STUDENT DATA CHANGE FORM

THIS FORM MUST BE SIGNED

TODAY'S DATE _____

Please Print Name of Parent/Guardian Requesting Change _____

Parent/Guardian Signature _____

This form may be printed from the Commack School District Website>Parent Resources>Forms>Student Data Change Form, or supplied by the main office in the students' buildings.

This form is used only for the data changes outlined below. It is not to be used for address changes. After signing this form, please submit to the school's main office. The main office will sign off below and will then distribute it to the staff of the applicable departments.

PLEASE PRINT

School _____

Name of Student _____ Date of Birth _____ Grade _____

Home Address _____

PLEASE PRINT BELOW ONLY THOSE CHANGES BEING REQUESTED

Student's Home Telephone # _____

Father's Name _____ Father's Home Phone # _____

Father's Cell Phone # _____ Father's Work Phone # _____

Father's email Address _____

Mother's Name _____ Mother's Home Phone # _____

Mother's Cell Phone # _____ Mother's Work Phone # _____

Mother's email Address _____

IN CASE OF ILLNESS: LOCAL PERSONS TO BE CALLED IN EVENT PARENT CANNOT BE REACHED
Photo ID will be required for the person picking up students from school

Emergency Contact Name _____

Relationship to Student _____

Emergency Contact Home Phone # _____ Cell Phone # _____

Emergency Contact Name _____

Relationship to Student _____

Emergency Contact Home Phone # _____ Cell Phone # _____

Physician's Name _____ Physician's Phone # _____

Dentist's Name _____ Dentist's Phone # _____

Copies to: District Registrar
Building Nurse
Guidance
School Main Office
Transportation
Special Education

MUST BE SIGNED BY STAFF BEFORE DISTRIBUTION

Reviewed by: _____