

PLEASE RETURN FORM TO THE OFFICE OF THE REGISTRAR  
PARENT SIGNATURE IS REQUIRED TO MAKE CHANGES OR ADD INFORMATION

## TCHS STUDENT INFORMATION CORRECTION FORM

*Please Print*

NAME \_\_\_\_\_ ID# \_\_\_\_\_ GRADE \_\_\_\_\_ DATE \_\_\_\_\_  
DOB \_\_\_\_\_ SS# \_\_\_\_\_

COMPLETE ONLY INCORRECT ITEMS BELOW

Legal Name of Student _____ New Home Address _____ (CURRENT ELECTRIC, WATER OR GAS BILL MUST BE ATTACHED TO THIS FORM FOR ADDRESS CHANGE) City _____ Zip Code _____ Home Phone _____ Cell Phone _____ Emergency Phone _____ Parent/Guardian Name _____	<b>OFFICE USE ONLY</b> Attendance: _____ Nurse: _____ Principal: _____ Registrar: _____ Counselor: _____ Date Provided: _____
--	---

OTHER PERSONS WHO MAY CONTACT OR PICK-UP STUDENT FROM SCHOOL:

_____	_____	_____
Full Name	Relationship	Contact Telephone No.
_____	_____	_____
Full Name	Relationship	Contact Telephone No.

OTHER INFORMATION/COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: A biological parent has the right to educational information including, but not limited to attendance, discipline and grade information, unless a court order is provided proving otherwise.

\_\_\_\_\_  
PARENT SIGNATURE (Required)

\_\_\_\_\_  
Date