



STUDENT INFORMATION CHANGE FORM

First Name: _____ Last Name: _____ Grade: _____

Requested by: _____ NHCSB Staff: _____ Date: _____

Directions: Have you moved recently or have a new email address or phone number? Would you like to update your child's emergency contact? If so, please complete the information below with any updates (one form per student). Be sure to complete all information that pertains to your changes. Should you have any questions or need assistance completing this form, contact our school registrar at registrar@nhcsb.org or (508) 857-5721.

ADDRESS UPDATE

PREVIOUS ADDRESS	UPDATED ADDRESS
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
	DATE MOVED: _____

EMAIL ADDRESS UPDATE

PREVIOUS EMAIL ADDRESS	UPDATED EMAIL ADDRESS
Email on file: _____	New Email: _____

PHONE NUMBER UPDATE

PREVIOUS PHONE NUMBER	UPDATED PHONE NUMBER
Current Phone number: _____	New Phone number: _____

EMERGENCY CONTACT UPDATE (Max. 3 emergency contacts)

PREVIOUS EMERGENCY CONTACT	UPDATED EMERGENCY CONTACT
FIRST NAME: _____	FIRST NAME: _____
LAST NAME: _____	LAST NAME: _____
PHONE NUMBER: _____	PHONE NUMBER: _____
RELATIONSHIP: _____	RELATIONSHIP: _____



PREVIOUS EMERGENCY CONTACT	UPDATED EMERGENCY CONTACT
FIRST NAME: _____	FIRST NAME: _____
LAST NAME: _____	LAST NAME: _____
PHONE NUMBER: _____	PHONE NUMBER: _____
RELATIONSHIP: _____	RELATIONSHIP: _____

PREVIOUS EMERGENCY CONTACT	UPDATED EMERGENCY CONTACT
FIRST NAME: _____	FIRST NAME: _____
LAST NAME: _____	LAST NAME: _____
PHONE NUMBER: _____	PHONE NUMBER: _____
RELATIONSHIP: _____	RELATIONSHIP: _____