ST. JUDE SCHOOL

Change of Information Form

Date _____

Child(ren) Name(s)_____

Mother's Name_____

Father's Name_____

Primary Residential Address of Child(ren):_____

Is this residence occupied by: ☐ Both Parents ☐ Mother ☐ Father

If applicable, alternate residence of Child(ren)?_____

If applicable, which parent occupies alternate residence?_____

Mother's Contact Information ☐ Primary Contact ☐ Alternate Contact

Cell Phone_____

Work Phone_____

Home Phone_____

E-Mail _____

Father's Contact Information ☐ Primary Contact ☐ Alternate Contact

Cell Phone_____

Work Phone_____

Home Phone_____

E-Mail _____

Emergency Contact Person:_____

Cell Phone_____

Work Phone_____

Home Phone_____

E-Mail _____

Do you wish for your information (home address and home phone ONLY) to be published in the school directory?

☐ YES
☐ NO

Do you wish for alternate residences, if applicable, to be published in the school directory?

☐ YES
☐ NO

Please print this form and send it to the School Office: Attention Liz Bonnecaze

EMAIL: lbonnecaze@stjudebr.org
FAX: (225) 769-0671