HAST 2025-2026

EVERY STUDENT DESERVES A QUALITY EDUCATION!

STUDENT INFORMATION UPDATE REQUEST

STUDENT NAME _____ _____ _____
LAST FIRST MIDDLE

DATE OF BIRTH _____ GRADE _____ Requested by _____

PLEASE INCLUDE ANY SIBLINGS

SIBLING (1) NAME: _____ SIBLING (2) NAME: _____

SIBLING (3) NAME: _____ SIBLING (4) NAME: _____

Please check box that best applies:

☐ Remove/Add Contact Name: _____ Relationship/Ph No. _____

☐ Name Change: Old Name: _____ New Name: _____

☐ Phone number: Old Number: _____ New Number: _____

☐ Email: Old Email _____ New Email: _____

☐ Medical alerts: Health Changes: _____ Medications: _____

☐ Emergency contact: 1. Name: _____ Phone No: _____

Relationship: _____ Address: _____

Select permission: ☐ Pickup ☐ Emergency contact

☐ Change of Address:

PREVIOUS ADDRESS:

Address: _____ City: _____ State: _____ Zip Code: _____

NEW ADDRESS:

Address: _____ City: _____ State: _____ Zip Code: _____

PLEASE PROVIDE SUPPORTING DOCUMENTATION FOR ANY RESIDENCE OR NAME CHANGES

PLEASE SUBMIT REQUEST TO: *Lotero@hammondacademy.org*

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