



Request to Update Information

Student First and Last Name (please print):

Student Grade level:

Siblings at Lycée:
(if none, leave blank)

I am requesting to update the following type of information:

- Parent/Guardian Contact Information** - email, phone numbers, home and/or mailing address.
- Emergency Contacts:** Emergency Contacts: In times of emergency, the school may contact these individuals if they cannot reach the parents. These individuals are permitted to pick child(ren) up from school.
- Authorized Pick Ups** - These individuals may pick child(ren) up from school. Name, phone numbers, and student relationship are sufficient information.
- Remove Individuals** from contact list. Name only is sufficient.

CONTACT 1

Name: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Relationship to Student: _____

Address: _____

State: _____ Zip: _____

Email (if applicable): _____

CONTACT 2

Name: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Relationship to Student: _____

Address: _____

State: _____ Zip: _____

Email (if applicable): _____

CONTACT 3

Name: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Relationship to Student: _____

Address: _____

State: _____ Zip: _____

Email (if applicable): _____

CONTACT 4

Name: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Relationship to Student: _____

Address: _____

State: _____ Zip: _____

Email (if applicable): _____

Please add any additional contacts and their information on the back of this sheet: