

CHANGE OF NAME / ADDRESS / PHONE FORM



Student Name:	Student Grade:
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PARENT/GUARDIAN INFORMATION

MOTHER:	FATHER:
Last Name:	Last Name:
First Name:	First Name:
Middle Name:	Middle Name:
Birth Date:	Birth Date:
Home Phone Number:	Home Phone Number:
Cell Phone Number:	Cell Phone Number:
Work Phone Number:	Work Phone Number:
ADDRESS	ADDRESS
Street:	Street:
Apt. #:	Apt #:
City, State, Zip:	City, State, Zip:
Date Moving To This Address:	Date Moving To This Address:

List All Children, Birth - Grade 12

Last Name	First Name	Middle Name	Gender	Date of Birth
			M <input type="checkbox"/> F <input type="checkbox"/>	
			M <input type="checkbox"/> F <input type="checkbox"/>	
			M <input type="checkbox"/> F <input type="checkbox"/>	
			M <input type="checkbox"/> F <input type="checkbox"/>	
			M <input type="checkbox"/> F <input type="checkbox"/>	
			M <input type="checkbox"/> F <input type="checkbox"/>	

Please bring, mail, or fax this form to: Hamilton High School
 Attendance Office
 1165 Eaton Avenue
 Hamilton, OH 45013

Phone: (513) 868-7700
 Fax: (513) 887-4810