



Sacred Heart Cathedral School Student Record Change Form

Admissions & Records

Family Name _____

Student Name _____

Grade _____

Student Name _____

Grade _____

Student Name _____

Grade _____

ADDRESS CHANGE

Mother Father Other: _____

Street Address: _____

City / State / Zip Code: _____

EMAIL ADDRESS CHANGE

Mother Father Other: _____

Email Address: _____ @ _____ . _____

Email Address: _____ @ _____ . _____

PHONE NUMBER CHANGE (INCLUDE AREA CODE)

Mother Father Other: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

STUDENT NAME CHANGE Documentation for Change (submit copy): _____

Old Name: _____

New Name: _____

SIGNATURE

Parent Signature: _____ Date: _____

OFFICE USE ONLY (Please initial upon making changes.)

PowerSchool _____ Bookkeeper _____ Extended Care _____ Access _____

Cumulative Folder _____ Health Record _____ School Reach _____ Home Room _____

Information Technology _____ E-Mail: Parent Group _____ E-Mail: Individual Grade(s) _____