

DATE \_\_\_\_\_

Mount Si High School  
**CONFIDENTIAL STUDENT INFORMATION UPDATE**  
**Return to the Counseling Center**  
**PLEASE PRINT CLEARLY**

(Any information that has changed from what is currently in our system)

**Student**

**Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **GradYr** \_\_\_\_\_

**PERSON REQUESTING CHANGES** \_\_\_\_\_

**Lives With:** (please circle one): Both Parents    Mother    Father    Guardian    Joint Custody    Other \_\_\_\_\_

**HOUSEHOLD # 1 (Primary Student Residence)**

**Guardian # 1 Name:** \_\_\_\_\_ **Primary Phone** \_\_\_\_\_

**Work #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_

**Guardian # 2 Name:** \_\_\_\_\_ **Primary Phone** \_\_\_\_\_

**Work #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**EMAIL Address:** \_\_\_\_\_

**HOUSEHOLD # 2 (if applicable)**

**Guardian # 1 Name:** \_\_\_\_\_ **Primary Phone** \_\_\_\_\_

**Work #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_

**Guardian # 2 Name:** \_\_\_\_\_ **Primary Phone** \_\_\_\_\_

**Work #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**EMAIL Address:** \_\_\_\_\_

**EMERGENCY CONTACTS:**

**NAME:** \_\_\_\_\_ **WORK #** \_\_\_\_\_ **HOME #** \_\_\_\_\_

**NAME** \_\_\_\_\_ **WORK#** \_\_\_\_\_ **HOME#** \_\_\_\_\_

**NAME** \_\_\_\_\_ **WORK#** \_\_\_\_\_ **HOME#** \_\_\_\_\_

**IMPORTANT**

PLEASE COMPLETE THE

FRONT SIDE OF THIS

FORM AND RETURN

IT TO THE OFFICE

**ASAP**