

**DANIEL BOONE AREA SCHOOL DISTRICT  
STUDENT INFORMATION CHANGE REQUEST**

**NOTE: If the information provided on this form will affect your student's current bus schedule, please complete a Transportation Request Form (found on our website) and submit it along with this request.**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

\*NEW Address: \_\_\_\_\_  
\_\_\_\_\_

*\*A change of address will require proof of residency. Please submit a copy of your sale or lease agreement, a utility bill or a driver's license update listing your new address with this request.*

Former Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: (home or cell) \_\_\_\_\_  
(work) \_\_\_\_\_  Mother  Father  Guardian \_\_\_\_\_  
(Name)

Effective Date: \_\_\_\_\_

*If the student listed on this form has siblings in the Daniel Boone Area School District whose information has also changed, please complete this section:*

Name of Student	Grade(s)	Building
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**X** \_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

**FOR OFFICE USE ONLY**

*Please be sure that all students listed on this form are linked to their parent/guardian in eSchool. Use checkbox below to notify the following departments:*

<b>Individual School Building(s) (for siblings)</b>	<input type="checkbox"/>
<b>Technology Office</b>	<input type="checkbox"/>
<b>Health Card</b>	<input type="checkbox"/>
<b>Emergency Card</b>	<input type="checkbox"/>
<b>Teacher</b>	<input type="checkbox"/>
<b>eSchool</b>	<input type="checkbox"/>