

Independence Charter School Student Data Sheet  
**CONTACT CHANGE FORM** Date \_\_\_\_\_

Complete **ONE SHEET PER CHILD**

*Be sure to include ALL of your child's parents and guardians are listed on this form. If there are extenuating circumstances that prevent you from entering all parental---as indicated on your child's birth certificate, attach a note of explanation and/or custody papers to this form)*

Please carefully **PRINT ALL INFORMATION** on this form. **Unless otherwise indicated by court paperwork, it is understood the child named on this form is allowed to be picked up from school by anyone listed on this form.**

Student's **LEGAL LAST NAME** \_\_\_\_\_

Student's **LEGAL FIRST NAME** \_\_\_\_\_

Student's Nick Name (if any) \_\_\_\_\_

STUDENT's address \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ *My child's custody is split between this address and the following address:*

\_\_\_\_\_ Zip \_\_\_\_\_

FULL NAMES of any **brothers or sisters who CURRENTLY attend ICS:**

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**Contact #1 (MUST be a parent or guardian):**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Circle one: Ms. Mr. Miss Mrs. Dr.

Address \_\_\_\_\_ **SAME AS STUDENT** \_\_\_\_\_

Name of Contact's Place of Employment (if applicable) \_\_\_\_\_

Contact's relationship to student (Mother, Father, Guardian, Foster Parent): \_\_\_\_\_

Does student live with this contact?  Yes  No

Phone #1 \_\_\_\_\_ home cell work (circle 1)

Phone #2 \_\_\_\_\_ home cell work (circle 1)

Phone #3 \_\_\_\_\_ home cell work (circle 1)

E-mail \_\_\_\_\_

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**Contact #2:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Circle one: Ms. Mr. Miss Mrs. Dr.

Address \_\_\_\_\_

City, State

Zip

Name of Contact's Place of Employment (if applicable) \_\_\_\_\_

Contact's relationship to student (Mother, Father, Grandparent, Guardian, Foster Parent, etc) \_\_\_\_\_

Does student live with this contact?  Yes  No

Phone #1 \_\_\_\_\_ home cell work (circle 1)

Phone #2 \_\_\_\_\_ home cell work (circle 1)

Phone #3 \_\_\_\_\_ home cell work (circle 1)

E-mail \_\_\_\_\_

(Continued on reverse side)

**STUDENT's FULL NAME** \_\_\_\_\_

**Contact #3:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Circle one: Ms. Mr. Miss Mrs. Dr.

Address \_\_\_\_\_

City, State

Zip

Name of Contact's Place of Employment (if applicable) \_\_\_\_\_

Contact's relationship to student (Mother, Father, Grandparent, Guardian, Foster Parent, etc) \_\_\_\_\_

Does student live with this contact?  Yes  No

Phone #1 \_\_\_\_\_ home cell work (circle 1)

Phone #2 \_\_\_\_\_ home cell work (circle 1)

Phone #3 \_\_\_\_\_ home cell work (circle 1)

**Contact #4:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Circle one: Ms. Mr. Miss Mrs. Dr.

Address \_\_\_\_\_

City, State

Zip

Name of Contact's Place of Employment (if applicable) \_\_\_\_\_

Contact's relationship to student (Mother, Father, Grandparent, Guardian, Foster Parent, etc) \_\_\_\_\_

Does student live with this contact?  Yes  No

Phone #1 \_\_\_\_\_ home cell work (circle 1)

Phone #2 \_\_\_\_\_ home cell work (circle 1)

Phone #3 \_\_\_\_\_ home cell work (circle 1)

**Contact #5:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Circle one: Ms. Mr. Miss Mrs. Dr.

Address \_\_\_\_\_

City, State

Zip

Name of Contact's Place of Employment (if applicable) \_\_\_\_\_

Contact's relationship to student (Mother, Father, Grandparent, Guardian, Foster Parent, etc) \_\_\_\_\_

Does student live with this contact?  Yes  No

Phone #1 \_\_\_\_\_ home cell work (circle 1)

Phone #2 \_\_\_\_\_ home cell work (circle 1)

Phone #3 \_\_\_\_\_ home cell work (circle 1)

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