

MARCUS HIGH SCHOOL CHANGE OF INFORMATION FORM

**PLEASE FILL OUT ONLY THE INFORMATION
TO BE CHANGED**

Student Name: _____ Student ID: _____

Grade Level: _____ Effective Date: _____

Home Phone Number: _____

Father Name: _____ Cell Number: _____ Work: _____

Mother Name: _____ Cell Number: _____ Work: _____

Emergency Name: _____ Home Number: _____

Cell Number: _____ Work Number: _____

Father Email address: _____

Mother Email address: _____

Signature _____ Date _____

******* ADDRESS CHANGES *******

**MUST PROVIDE CURRENT TO DATE UTILITY BILL GAS, WATER OR ELECTRIC
WITH NAME AND ADDRESS SHOWING**

PLEASE RETURN TO REGISTRARS