

**OFFICE USE ONLY:**

Student ID: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Modified by: \_\_\_\_\_

FILE IN CUMULATIVE FOLDER

**Student Information Update Form****REQUIRED INFORMATION:**\_\_\_\_\_  
Student's Legal Name (Last, First, MI)\_\_\_\_\_  
Grade\_\_\_\_\_  
Date of Birth\_\_\_\_\_  
Parent/Legal Guardian Signature\_\_\_\_\_  
Date

Please fill out only the information that has changed. Information provided will be entered into the Hawaii Department of Education Student Information System. Address changes require proof of residence. Other legal changes require official documentation.

**HOUSEHOLD INFORMATION**

A household is the designation of a group of people in one nuclear family who live in the same home. All households must include at least one parent or legal guardian. Any school-aged siblings residing in the same house and attending a Hawaii DOE school should also be listed as household members. Changing demographic information for one sibling in a household will change the information for all siblings in the household.

Primary Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Primary Address: \_\_\_\_\_ City: \_\_\_\_\_ State: HI Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: HI Zip Code: \_\_\_\_\_

1) **Legal Parent/Guardian** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to student:      Father      Mother      Legal Guardian

Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Other: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address if different from student's:

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing contact: yes no

Indicate if applicable: Military/Branch of Service: \_\_\_\_\_ or Works on Federal Gov't property?

2) **Legal Parent/Guardian** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to student:          Father          Mother          Legal Guardian

Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Other: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address if different from student's:

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing contact: yes no

Indicate if applicable: Military/Branch of Service: \_\_\_\_\_ or Works on Federal Gov't property?

**School Aged Siblings (who attend Hawaii DOE Schools) in the Household:**

Sibling Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Current Hawaii DOE School: \_\_\_\_\_

Sibling Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Current Hawaii DOE School: \_\_\_\_\_

Sibling Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Current Hawaii DOE School: \_\_\_\_\_

Sibling Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Current Hawaii DOE School: \_\_\_\_\_

**EMERGENCY CONTACTS** (Other than Parent/Legal Guardian)

1) Contact Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Other: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2) Contact Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Other: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3) Contact Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Other: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Other Change(please specify):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_