Student Name _____ B B B B B

Please Print

School Board of Brevard County, Florida
CHANGE OF STUDENT INFORMATION
Returning Students ONLY

Use ONE form per family and ONE form per school. List all students.

Effective Date: _____

(Please print clearly)

STUDENT RESIDES WITH: _____ Relationship: _____

6 W X G H Q W¶V 1DPH _____ Grade__ School_____ ID#_____

Student resides with (Circle ONE): Mothe

_____