

**HERMOSA MONTESSORI SCHOOL
CHANGE OF STUDENT INFORMATION**

Parent(s) or guardian must notify Hermosa of any changes to student contact information as soon as possible.

Student(s) Name: _____ Date: _____
(Last) (First)

Please change my child's student records to reflect the following:

Change in Address
 Both Parents/Guardians Father Mother

Street Address

City, State, Zip Code

Change in Telephone

Residence

Work – Mother

Cell – Mother

Work – Father

Cell – Father

(other – please indicate)

(other – please indicate)

Change in email address

_____@_____

School emails only Directory & School emails

Parent or Guardian
Signature: _____

Parent or Guardian
Signature: _____

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