## **Gwinnett County Public Schools** K-12 STATUS CHANGE FORM

LOCAL SCHOOL USE ONLY	SCHOOL TO MAINTAIN A COPY IN THE PERMANENT RECORD FILE ALONG WITH THE ORIGINAL ENROLLMENT FORM			
	School	FTE ID #		
	Student ID #	GTID#		

STUDENT INFORMATION  Please print all information on this form								
Date of Change//	/ D) (YYYY)							
Student Name(Last Name)	(First Name)	(Midd	le Name)	(Suffix)				
(Last Name)	(First Name)	(Wilda	ie ivailie)	(Sullix)				
GradePreferred Name at S	School	Birth Date						
			(MM)	(DD) (YYYY)				
Parent/Guardian phone number_	/_							
_	Home	Cell		Work				
New Home Address		_	Apt					
City		Zip Code						
New Mailing Address (if different the	an home address)							
City		Zip Code						
ENROLLING PARENT/GUARDIAN INFORMATION  If different from initial enrollment form								
Parent/Guardian	(5)	(2.41.1.1		(0.5%)				
(Last Name)  Address	(First Name)	·	le Name)	(Suffix)				
City		Zip Cod	le					
Parent/Guardian phone number_	/	Cell		Work				
Parent/Guardian Email Address								

## **Gwinnett County Public Schools**K-12 STATUS CHANGE FORM

LOCAL SCHOOL USE ONLY	SCHOOL TO MAINTAIN A COPY IN THE PERMANENT RECORD FILE ALONG WITH THE ORIGINAL ENROLLMENT FORM			
	School	FTE ID #		
	Student ID #	GTID#		

EMERGENCY CONTACT CHANGES						
NAME	PHONE NUMBER	RELATIONSHIP TO STUDENT				
I hereby certify that as the enrolling parent/guardian all the information provided is complete and true to the best of my knowledge.						
Parent/Legal Guardian Signature		Date				