

DULLES H.S.

DEMOGRAPHIC REVISION/ CHANGE

Student's Name: _____

Parent's Name: _____

CHANGE HOME ADDRESS or PHONE NUMBER

From: _____

To: _____

ADD ALTERNATE NAMES FOR PICK UP

Name: _____

Name: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

Parent Signature: _____

Date: _____

PLEASE NOTE: When changing your home address, you **MUST** provide a copy of your new Lease/ Deed **AND** a copy of a **CURRENT** utility bill (water, gas, electric) for your new address. Until these items are provided, we cannot change your child's address.

Please return this form along with the documents listed above to:

Marian Mingen

Registrar

Office Use Only:

Date Changed: _____ Comments: _____