

**BEAR VALLEY REQUEST TO ADD or CHANGE
CONTACT INFORMATION**

Student Name: _____

Date: _____

Parent/Guardian Requesting Change: _____

Relationship to Student: _____

Parent/Guardian Signature: _____

1. (Circle one) Do you want to: Add, Delete, Update?

Name of Contact: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Relationship to Student: _____

Release Contact: Yes _____ No _____

2. (Circle one) Do you want to: Add, Delete, Update?

Name of Contact: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Relationship to Student: _____

Release Contact: Yes _____ No _____

3. (Circle one) Do you want to: Add, Delete, Update?

Name of Contact: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Relationship to Student: _____

Release Contact: Yes _____ No _____

4. (Circle one) Do you want to: Add, Delete, Update?

Name of Contact: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Relationship to Student: _____

Release Contact: Yes _____ No _____

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| <p style="text-align: center;"><u>RELATIONSHIP TO STUDENT</u></p> <p>Mother
Father
Step Father
Step Mother
Sibling
Grandmother Grandfather
Aunt
Uncle
Caregiver
Family Friend
Neighbor
Host Parent
Doctor
Court Appointed Guardian
Agency Representative
Other relationship
Other relative</p> |
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