



## Information Update Form

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

Student's Grade Level in School Year 2020 -21: \_\_\_\_\_

**Please Check One:**

- Our contact information (address, phone #(s), email, etc.) has **not changed** since last school year.  
 **New/updated** contact information below

Student's **old** address:

Student's **new** address since (mm/dd/yy) \_\_\_\_\_:

Parent 1 /Guardian Name: \_\_\_\_\_

Parent 1 / Guardian Contact Phone: \_\_\_\_\_ (Cell  Work  Home  )

Parent 1 /Guardian Email: \_\_\_\_\_

Parent 2 /Guardian Name: \_\_\_\_\_

Parent 2 /Guardian Contact Phone: \_\_\_\_\_ (Cell  Work  Home  )

Parent 2 /Guardian Email: \_\_\_\_\_

Any Other Changes: \_\_\_\_\_

Please check **yes** or **no** for each of the following:

- |   |     |    |
|---|-----|----|
| I would like to be listed in the CVA Family Directory                   | Yes | No |
| I authorize CVA to use my child's picture for marketing purposes        | Yes | No |
| I authorize my student to take walking field trips within 1 mile of CVA | Yes | No |

By checking this box, you agree that printing your name below will be accepted as a signing the document.

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_