

HOMESCHOOL CHANGE OF INFORMATION FORM

For Office Use Only

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____

OLD ADDRESS AND/OR CONTACT INFO

Address _____ City _____

ZIP _____ Phone Number(s) _____

Email _____

NEW ADDRESS AND/OR CONTACT INFO

Address _____ City _____

ZIP _____ Phone Number(s) _____

Email _____

Privacy Notice

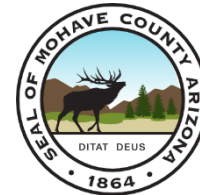
The undersigned expressly prohibit the release of any and all information contained in this form including directory information as defined in 20 U.S.C. §1232g(a)(5)(A), without prior written consent by the undersigned. See 20 U.S.C. §1232g(a)(5)(B) and A.R.S. §15-141

Under penalty of law, I attest the information provided on this form is true to the best of my knowledge.

Date ____ / ____ / ____

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____



**After signing this form, please return original to:
Mohave County School Superintendent
P O Box 7000 (Mailing)
700 West Beale Street (Physical)
Kingman, AZ 86402-7000**