

**SAN JOSE UNIFIED SCHOOL DISTRICT**  
Student Assignment/Enrollment Department

**CHANGE OF PHONE NUMBER ONLY**

**DISTRIC STAFF:**

Please fill out this form and fax-completed *form to Enrollment Center at 535-2345.*

**School Attending:** \_\_\_\_\_ **Form Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The names of student(s) who attend the above school are:

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **STUDENT #** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The names of the sibling(s) who attends another school in **SJUSD** are:

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **STUDENT #** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_

\_\_\_\_\_

**NEW PHONE NUMBER CHANGES:**

Mother: Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Wk Ph: \_\_\_\_\_

Father: Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Wk Ph: \_\_\_\_\_

**NEW EMAIL ADDRESS CHANGES:**

Previous Email Address: \_\_\_\_\_ @ \_\_\_\_\_

New Email Address: \_\_\_\_\_ @ \_\_\_\_\_

**IMPORTANT NOTE TO SCHOOL STAFF**

If parents come to your school site and are requesting the below information to be changed, please refer the parent directly to the nearest enrollment center, or have parent contact the Enrollment Center at 535-6412 for additional information.

**School Staff:** please let the Enrollment Center know if parents are requesting any other of these changes by checking the appropriate box below. Enrollment Center will follow up with a phone call to parents if parents do not come to update information in a timely manner.

- Change of Address
- Court Order
- Changing Primary/Secondary Guardian
- Emergency Contact.
- Guardianship
- Student Name Change

*My signature indicates that all information provided above is true and correct.*

**Print Parent/Guardian's Name:** \_\_\_\_\_

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