



CENTRALIZED ADMISSIONS
STUDENT DEMOGRAPHIC CHANGE FORM
(ONE per family)

Mark all that apply:
Address changes
Add/delete Parent or Emergency contacts
Phone/email changes

List all students the following changes are in effect for (attach additional sheet of paper if necessary):

STUDENT First Name Middle Name FULL Last Name
ID# Grade DOB Current School New School
[Repeating form for multiple students]

SECTION 1 - COMPLETE IF ADDRESS AND/OR HOME PHONE CHANGE (You must provide proof if new address):

Household language
NEW Family Address Apt/Unit# City County State Zip Code
Area Code NEW Home Phone Mailing Address (if different from Family)

List students completing the school year at their current school:

The answers to this residency information help determine the services the student may be eligible to receive.

- 1. Is your new address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

If you answered yes to either question, indicate where students are living:
Motel/Hotel Shelter More than one family in apartment/home Moving place to place Car/Park

I affirm that all information given above is true and correct. I understand and agree that if it is later determined that one or more students enrolled with the are not legal residents of Adams-Arapahoe 28J School District (Aurora Public Schools) such students will be withdrawn immediately from Aurora Public Schools. I agree that if a student named above does not in fact reside at the address indicated, but is a District resident, the student will be transferred to the appropriate school.

Parent/Guardian Signature: Date:

PARENT/GUARDIAN NAME: (PLEASE PRINT) First Name Middle Name Last Name

SECTION 2 - COMPLETE IF MILITARY/FEDERAL EMPLOYEE:

- 1. Do you live on a military installation or military base in the state of Colorado? YES NO
2. Are one or both parents on active or reserve duty? YES NO
Mother/Legal Guardian: Father/Legal Guardian:
Branch of Service: Rank:
3. Do either, or both parents work as civilian employees for the federal government on government owned property? YES, List place of employment: NO

**SECTION 3 – PARENT/GUARDIAN CONTACT INFORMATION**

► **If changes, complete below:**

1. (Please circle **ONLY** one): Mother    Father    Guardian    **Gender:** M   F   **Parent/Guardian DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_

_____	_____	_____
First Name	Middle Name	Full Last Name
___ Change	Work # _____	Cell # _____
___ Add	Email Address _____	
___ Delete	Employer Name & Address _____	
	Address & home phone if parent does not reside with student:	
	_____	Phone # _____
	<small>(address, city, state and zip code)</small>	

2. (Please circle **ONLY** one): Mother    Father    Guardian    **Gender:** M   F   **Parent/Guardian DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_

_____	_____	_____
First Name	Middle Name	Full Last Name
___ Change	Work # _____	Cell # _____
___ Add	Email Address _____	
___ Delete	Employer Name & Address _____	
	Address & phone if parent does not reside with student:	
	_____	Phone # _____
	<small>(address, city, state and zip code)</small>	

**I affirm that all information given above is true and correct. Please make the changes as indicated above.**  
**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

► **If no changes:**  
**I have reviewed the current information in Infinite Campus and affirm that all information is correct.**  
**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 4 – EMERGENCY CONTACT INFORMATION** (other than Parents/Guardians listed above):

Emergency Contacts: These are individuals whom we can call if there is an emergency and if you cannot be reached. These individuals are allowed to pick up the students listed on this form.

► **If changes, complete below:**

1. **ADD** \_\_\_\_\_ **DELETE** \_\_\_\_\_

\_\_\_\_\_

Print FULL Name (First, Middle and Last)

Gender: M   F  
(circle one)

\_\_\_\_\_

Relationship to Student

_____	_____	_____
<small>Home Phone</small>	<small>Work Phone</small>	<small>Cell Phone</small>

2. **ADD** \_\_\_\_\_ **DELETE** \_\_\_\_\_

\_\_\_\_\_

Print FULL Name (First, Middle and Last)

Gender: M   F  
(circle one)

\_\_\_\_\_

Relationship to Student

_____	_____	_____
<small>Home Phone</small>	<small>Work Phone</small>	<small>Cell Phone</small>

**I authorize officials of Aurora Public Schools to contact the persons I have designated as emergency contacts and in the event that my designated emergency contacts cannot be reached, school officials are authorized to take whatever action is deemed necessary, in their judgment, for the health and safety of the aforesaid children. Expenses, including any incurred as a result of emergency ambulance use or treatment by a physician will not be borne by the District.**

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

► **If no changes:**  
**I have reviewed the current information in Infinite Campus and affirm that all information is current.**  
**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_