

**Delta High School
Change of Personal Data Form**

Student Name: _____ **Stu No:** _____ **Grade:** _____ **Date:** _____

Address: _____

Mailing Address: _____

Phone: _____

Work Phone: _____

Mother

Father

Cell Phone: _____

Work Address: _____

Emergency Contacts:

Name & Relation to Student

Phone

1. _____

2. _____

3. _____

Signature of person authorizing change

Relationship to student