



CHANGE REQUEST:

Effective Date: _____

For:

Student(s) : _____

Parents(s)/Guardian(s) _____

(Please fill in ONLY the information you want changed.)

Home Address: _____ City _____ Zip Code _____

Home Phone#: _____

Mother Cell Phone _____ Father Cell Phone _____

Mother Business Phone _____ Father Business Phone _____

Mother Email _____ Father Email _____

Publish in Directory: email? _____ Cell phone? _____

EMERGENCY CONTACT INFORMATION:

Students will not be released to the custody of any other person without prior written consent.

Parents are requested to notify the school in writing if there are any changes. ***Please specify whether this person is an emergency contact or a pickup person***

<u>NAME</u>	<u>EMERGENCY CONTACT</u>	<u>PICK UP PERSON</u>	<u>ADD/DELETE</u>	<u>ID or PHONE#</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MEDICAL INFORMATION - CONSENT TO TREAT

Physician: _____ Health Care Policy: _____

Address: _____ Policy/Group Name: _____

Phone: _____ Dentist/Phone#: _____

Allergies or other information pertinent to emergency care. _____

Signature of Parent(s) or Legal Guardian(s): _____ **Date:** _____

**Email to: mflores@sevenhillsschool.org or mail to:
Seven Hills School, 975 N. San Carlos, Walnut Creek, CA 94598 or fax to: (925) 933-6271**