

**SODUS CENTRAL SCHOOL DISTRICT**  
**STUDENT UPDATE FORM**

**PART 1: ALL MUST BE COMPLETED**

**Your Name/ Bldg:**

**Effective Date:**

**Student's Name:**

**Teacher:**

Last:

First:

M:

Grade:

Sibling Name:

Grade:

Sibling Name:

Grade:

**PART 2: PARENT/GUARDIAN CHANGES**

**Adult Address Change/Addition:**

Adult Affected:

Relationship:

House #/ Street:

City, St

Zip:

PO Box/ Lot #/ Apt #:

Home Phone:

Cell Phone:

Additional Phone:

**Adult Employment Change/Addition:**

Adult Affected:

Employer:

Work Phone:

**Additional Parent/Adult Changes (if Applicable):**

Parent/Guardian Name Change:

Change of Legal Guardian: (*attach custody papers*)

Student Now Resides With:  Parent  Guardian  Other- Relationship

Name:

Mailings Sent to: Name:

Relationship:

Address:

City, St:

Zip

Email Address:

**PART 3- ADDITIONAL CHANGES**

**Additional Adults/ Emergency Contact(s):**

Remove Name:

Add Name:

Address:

Home Phone:

Other Phone:

Work Phone:

Relationship:

**Day Care Provider:**

Remove Name:

Add Name:

Address:

Phone:

**Doctor/Dentist Change**

Name:

Phone:

**Contact Priority Change:**

Call 1<sup>st</sup>:

Call 2<sup>nd</sup>:

Call 3<sup>rd</sup>:

Call 4<sup>th</sup>:

**Student Changes:**

Name:

Grade:

Teacher:

Forward Copy as Attachment to:

**DO:**

[deverhart@soduscscd.org](mailto:deverhart@soduscscd.org)

**Health Offices:**

[ddavidson@soduscscd.org](mailto:ddavidson@soduscscd.org)

[sjohnson@soduscscd.org](mailto:sjohnson@soduscscd.org)

[rbourne@soduscscd.org](mailto:rbourne@soduscscd.org)

**Main Offices:**

[mwilliams2@soduscscd.org](mailto:mwilliams2@soduscscd.org); [jpickering@soduscscd.org](mailto:jpickering@soduscscd.org)

[sfisher@soduscscd.org](mailto:sfisher@soduscscd.org); [jwalters@soduscscd.org](mailto:jwalters@soduscscd.org)

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**Guidance Office:**

[ktessier@soduscscd.org](mailto:ktessier@soduscscd.org)

**Transportation:**

[kray@soduscscd.org](mailto:kray@soduscscd.org)

**CSE:**

[weastley@soduscscd.org](mailto:weastley@soduscscd.org)

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