



HAUPPAUGE PUBLIC SCHOOLS

P.O. Box 6006
Hauppauge, NY 11788

NOTICE

Dear Parent/Guardian:

Attached please find the newly revised Changes to Household and Emergency Information Form. This form will enable you to make changes to your child's records, i.e. change of primary address, adding or changing a secondary mailing (if child does not reside with parent) and changing, adding or deleting emergency contact information.

Please read the instructions below on how to complete and return this form:

ADDRESS CHANGE –

- Primary Address - Please provide new address and bring proof of residency at the time of request to the Central Registration Office.
- To Add or Change a Secondary Address (parent does not reside with the child) - Indicate parent name and new address. Proof of residency is not required.

PHONE NUMBER CHANGES –

- Parents – Indicate parent name and new home, cell, work or pager number. Please select ONE number ONLY for the Messenger Service.
- Other Household Members and/or Non-Household Members – Please indicate person name, relationship to student and type of contact by selecting one of the following (M-MEDICAL; M/C-MEDICAL AND CLOSING; C-CLOSING) Indicate if you are just changing a phone number, adding or deleting a person and contact information.

The above procedure must be used to change, add or delete a Physician and/or Dentist.

HOW TO RETURN THE ATTACHED FORM -

COMPLETED FORM CAN BE RETURNED BY MAIL – FORM MUST BE NOTARIZED

Mail form to the Data Processing, P.O. Box 6006, Hauppauge, NY 11788

➤ FORM CAN BE COMPLETED AT THE CHILD'S SCHOOL

Parent must provide Photo ID to school personnel for approval. After approval, form will be forwarded to the Data Processing Office for processing.

PLEASE NOTE - FORMS COMPLETED AT THE CHILD'S SCHOOL - DO NOT NEED TO BE NOTARIZED

Please note that your cooperation in following the above procedure will expedite the update of your child's records. Thank you in advance for your attention in this matter.

HAUPPAUGE PUBLIC SCHOOLS

Data Processing Office
Mailing Address: P.O. Box 6006, Hauppauge, NY 11788

CHANGES TO HOUSEHOLD AND EMERGENCY INFORMATION

Student(s) Name _____ (Please Print Clearly -- Last Name, First Name) DOB _____ School/Gr _____

I hereby authorize the following changes be made to my child/children's records effective as of this date _____

ADDRESS CHANGE: (Proof of Residency for "Primary Home" must be provided at time of request)
If child does not reside with parent, please indicate if "Secondary Mailing" [] and Parent Name _____

NEW ADDRESS	
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PHONE NUMBER CHANGES: PARENTS (Select ONE phone number ONLY for Messenger Service - phone # cannot have an extension) ▼		
Mother/Guardian Name: (Indicate if Household Member)	Home #:	
	Cell #:	
	Work #:	
	Pager:	
Father/Guardian Name: (Indicate if Household Member)	Home #:	
	Cell #:	
	Work #:	
	Pager:	

PHONE NUMBER CHANGES - OTHER HOUSEHOLD or NON-HOUSEHOLD MEMBERS: Please indicate below Person's Name, Relationship to Student and Type of Contact* - (Indicate if Household Member)	
Check one - CHANGE [] ADD [] DELETE [] (Please Print Clearly) Contact Name:	Home #:
Relationship to Student and Type of Contact*:	Cell #:
	Work #:
	Pager:
Check one - CHANGE [] ADD [] DELETE [] (Please Print Clearly) Contact Name:	Home #:
Relationship to Student and Type of Contact*:	Cell #:
	Work #:
	Pager:
Check one - CHANGE [] ADD [] DELETE [] (Please Print Clearly) Contact Name:	Home #:
Relationship to Student and Type of Contact*:	Cell #:
	Work #:
	Pager:
Check one - CHANGE [] ADD [] DELETE [] (Please Print Clearly) Contact Name:	Home #:
Relationship to Student and Type of Contact*:	Cell #:
	Work #:
	Pager:

Parent/Guardian Name _____ Signature _____
(Please Print Clearly)

*Type of Contact: M = Medical; M/C = Medical and Closing; C = Closing

Date: _____

SWORN TO

This _____ day of _____, 200__