

**Gwinnett County Public Schools  
K-12 STATUS CHANGE FORM**

LOCAL SCHOOL USE ONLY	SCHOOL TO MAINTAIN A COPY IN THE PERMANENT RECORD FILE ALONG WITH THE ORIGINAL ENROLLMENT FORM	
	School	FTE ID #
	Student ID #	GTID #

**STUDENT INFORMATION**  
*Please print all information on this form*

Date of Change \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(MM) (DD) (YYYY)

Student Name \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) (Suffix)

Grade \_\_\_\_\_ Preferred Name at School \_\_\_\_\_ Birth Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(MM) (DD) (YYYY)

Parent/Guardian phone number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Home Cell Work

New Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

New Mailing Address (if different than home address) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

**ENROLLING PARENT/GUARDIAN INFORMATION**  
*If different from initial enrollment form*

Parent/Guardian \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) (Suffix)

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian phone number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Home Cell Work

**EMERGENCY CONTACT CHANGES**

NAME	PHONE NUMBER	RELATIONSHIP TO STUDENT

I hereby certify that as the enrolling parent/guardian all the information provided is complete and true to the best of my knowledge.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_