

MERCER ISLAND SCHOOL DISTRICT  
**Student Change of Information**

**For best results when filling out this form on your computer, download it first and open in Adobe Acrobat Reader or the equivalent.**

**Island Park Elementary**  
5437 Island Crest Way  
Mercer Island, WA 98040  
carol.siebert@mercerislandschools.org

**Lakeridge Elementary**  
8215 SE 78th ST.  
Mercer Island, WA 98040  
kerri.goldner@mercerislandschools.org

**Northwood Elementary**  
4030 86th Ave SE  
Mercer Island, WA 98040  
laura.bowers@mercerislandschools.org

**West Mercer Elementary**  
4141 81st Ave SE  
Mercer Island, WA 98040  
lynn.lawrence@mercerislandschools.org

**Islander Middle School**  
7447 84th Ave SE  
Mercer Island, WA 98040  
marcy.berejka@mercerislandschools.org

**Mercer Island High School & Crest Learning Center**  
9100 SE 42nd  
Mercer Island, WA 98040  
yuliana.torres@mercerislandschools.org

Student Name: \_\_\_\_\_ Legal Name: \_\_\_\_\_  
Class of: \_\_\_\_\_ Date: \_\_\_\_\_

Submit 1 form per family, During the school year submit form to an appropriate school. During the summer, submit form to the District Administration Building, 4160 86th Ave SE, Mercer Island, WA 98040, Attn: Learning Services.

**Please fill out only the information that's changing:**

Previous Address: \_\_\_\_\_

\*New Address: \_\_\_\_\_

**\*You are REQUIRED to submit a proof of residency for a new address.**

Previous Home Phone Number: \_\_\_\_\_ New Home Phone Number: \_\_\_\_\_

1st Parent/Guardian Name \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

1st Parent/Guardian Email Address \_\_\_\_\_

2nd Parent Guardian Name \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

2nd Parent/Guardian Email Address \_\_\_\_\_

Additional Information:  
\_\_\_\_\_

Is this a temporary living situation: \_\_\_ Yes \_\_\_ No. If Yes, please indicate where the student is living: \_\_\_ in a shelter  
\_\_\_ in a car \_\_\_ in a motel/hotel \_\_\_ with more than one family in a house or apartment \_\_\_ with friends or a relative  
Other (please specify): \_\_\_\_\_

Does the living situation checked above result from a loss of housing or from economic hardship \_\_\_ Yes \_\_\_ No \_\_\_ Not sure

**Change in Emergency Contact List:**

**In addition to who is listed in Skyward, please ADD (local contacts only):**

(1.) Name \_\_\_\_\_ Relationship \_\_\_\_\_

(H) Phone Number \_\_\_\_\_ (W) Phone Number \_\_\_\_\_ (C) Phone Number \_\_\_\_\_

(2.) Name \_\_\_\_\_ Relationship \_\_\_\_\_

(H) Phone Number \_\_\_\_\_ (W) Phone Number \_\_\_\_\_ (C) Phone Number \_\_\_\_\_

**REMOVE the following previous emergency contacts:**

Name \_\_\_\_\_

Name \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Entered by \_\_\_\_\_ Date \_\_\_\_\_  By Phone