MERCER ISLAND SCHOOL DISTRICT

Student Change of Information Name and/or Gender

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

Submit 1 form per family, During the school year submit form (by USPS mail or email) to an appropriate school. During the summer, submit form (by USPS mail or email) to the District Administration Building, 4160 86th Ave SE, Mercer Island, WA 98040, Attn: Jiovanna Koceski.

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 MISD District Administration 4160 86th AVE SE Mercer Island, WA 98040 jiovanna.koceski@mercerislandschools.org

Date:	_			
Student first and last name (as they appear	ar in Skyward)	:		
Student legal name:				
Grade: Grad year:				
Information to be changed:				
Student preferred first name:				
Note: for high school students, both the p				
Student gender as listed in Skyward:	Male 🔲	Female _	Blank/Non-Binary	
Student gender if being changed:	Male 🔲	Female	Blank/Non-Binary	
Parent/Guardian signature				
Student signature				
Note: Per Washington State law, if a stud	lent requests c	change(s) listed of	n this form, the parent/guardian si	gnature is not required.
FOR OFFICE USE ONLY:				
Entered by			Date	By phone