



# ENROLLMENT CHANGES

Return Forms to Enrollment Office @ 6406 Marine Dr. Tulalip, WA 98271 - Fax (360)716-0209

**\*\*Only the legal parent or guardian can fill this form out for a minor\*\***

**\*\*All the information that is provided is kept highly confidential\*\***

Name: \_\_\_\_\_ Roll#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ County: \_\_\_\_\_

Please include children with address changes:

1.) \_\_\_\_\_ Roll # \_\_\_\_\_

2.) \_\_\_\_\_ Roll # \_\_\_\_\_

3.) \_\_\_\_\_ Roll # \_\_\_\_\_

Custody Change - Must have court documentation.

Custody Change: \_\_\_\_\_

Name Change - Must have Legal documents to change name.

Old Name: \_\_\_\_\_

New Name: \_\_\_\_\_

Newsletter/Mailings - Only one address per household.

Change or add my address for the Newsletters and Mailings.

I am 50 and over and would like to be on the Senior Mailing list.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*Official Use Only\*\*\*\*\*

Documents Attached:

Court Papers       Marriage Certificate       Notarized Letter

Enrollment Staff: Progeny \_\_\_\_\_ Date: \_\_\_\_\_ MOM \_\_\_\_\_ Date: \_\_\_\_\_

E-mailed - Notify if it's a change or addition to an address \_\_\_\_\_ Date: \_\_\_\_\_