



Lackawanna City School District

ADDRESS AND CONTACT INFORMATION UPDATE FORM

Effective Date: _____

Student's Name: _____

School (Please Circle): High School Middle School Martin Road Truman

New Address: _____

Parent/Guardian: _____ Phone: _____

Email Address: _____

Parent/Guardian: _____ Phone: _____

Email Address: _____

Emergency Contact

Name: _____ Relationship to student: _____

Home phone: _____ Cell phone: _____

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

Date information updated in eSD for student listed above: _____