



**Monsignor Slade Catholic School  
Change of Contact Information Form**

Please PRINT any informational changes that need to be made and submit to **Mrs. Charlotte Kamauf, c.kamauf@msladeschool.com.**

Family Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of person completing this form: \_\_\_\_\_

For changes to your **SwiftK12** emergency contact information (school closings/delays, weekly update): *You may have up to two phone numbers and up to two email addresses per account.*

Phone Number(s) to be Removed: \_\_\_\_\_  
New Phone Number(s) to Be Used: \_\_\_\_\_

Email Address(es) to be Removed: \_\_\_\_\_  
New Email Address(es) to Be Used: \_\_\_\_\_

For changes in the **school's database** (for use by Health Room/Teachers/Main Office):  
*Please identify whose phone number and what type (i.e. Father's Work Phone, Mother's Cell Phone.etc.)*

Old Phone Number(s): \_\_\_\_\_  
New Phone Number(s): \_\_\_\_\_

Old Home E-mail Address(es): \_\_\_\_\_  
New Home E-mail Address(es): \_\_\_\_\_

Old Street Address: \_\_\_\_\_  
New Street Address: \_\_\_\_\_

Please list all students' first and last names, including those who are in our pre-school (Edu-Care)

Student Name: _____	HR#: _____
Student Name: _____	HR#: _____
Student Name: _____	HR#: _____

***For Technology Office Use Only***

Date Received: \_\_\_\_\_ Process Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Revised 7/2020