

FAIRFIELD AREA SCHOOL DISTRICT  
STUDENT ENTRY/CHANGE OF STATUS FORM

Check appropriate box

Change Information

Re-Entry

Dist. Cyber Program

Date: \_\_\_\_\_ ID Number: \_\_\_\_\_ Building: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_

New Address: Did entire family move? Yes  No  or Individuals (list below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Number : \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Work Number : \_\_\_\_\_

Cell Number : \_\_\_\_\_

**Student Entry/Change of Status Information**

Effective Date of Entry/Re-Entry: \_\_\_\_\_

Reason: \_\_\_\_\_

School coming from: \_\_\_\_\_

If an address change, what Fairfield address did they move from: \_\_\_\_\_

\_\_\_\_\_

Notes/Comments: \_\_\_\_\_

Authorized Signatures: \_\_\_\_\_

(Principal)

\_\_\_\_\_  
(Guidance Counselor)

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**Copies of completed form to:**

- School Office
- HS Guidance
- Transportation
- Cafeteria
- Library
- Nurse

Child Accounting - \_\_\_\_\_ Date entered in Computer