



FAIRFIELD AREA SCHOOL DISTRICT
STUDENT ENTRY/CHANGE OF STATUS FORM

Re-entry Change of Information District Cyber Program (FACE)

Date: _____ ID Number: _____ Building: _____ Grade: _____

Student Name: _____

Change of address and student re-entries must provide proof of residency.

Enter Address: If new, did entire family move? Yes No or Individuals (list below)

For an address change, list previous address: _____

Home Number : _____ Cell Number: _____

Work Number : _____ Email: _____

Parent Signature: _____

Student Entry/Re-entry Information

Effective Date of Entry/Re-entry: _____

Reason: _____

School coming from: _____

Notes/Comments: _____

Authorized Signatures: _____

(Principal)

(Guidance Counselor)

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Copies of completed form to:

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