



# Minnesota State Academies

## Information Change Form

2014-2015

It is very important to keep student, parent/guardian and emergency contact information up to date. Please review your family's contact information in TIES SchoolView by clicking on the "Alerts" button. If there are changes to your information please complete a change request form in TIES SchoolView by clicking on the red "Change Request Form" button and completing the Census Family Update Form or complete and return this form with your changes. If you have not set up a TIES SchoolView account, please call or email Carrie Budahl at 507-384-6774 or [carrie.budahl@msa.state.mn.us](mailto:carrie.budahl@msa.state.mn.us) to receive your access key and instructions.

***Only complete this form if there are changes to your child(ren)'s information.***

Student Name(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_

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### Student Primary Household Information

(Student's primary household is where the student sleeps on a nightly basis)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

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### Parent/Guardian Information

**Parent/Guardian A:** Legal Guardian: ☐ Yes ☐ No Relationship to student: \_\_\_\_\_

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian B:** Legal Guardian: ☐ Yes ☐ No Relationship to student: \_\_\_\_\_

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

(Over)

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## Emergency Contacts

### Contact #1

☐ Add Contact

☐ Remove Contact

☐ Change Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Is this person authorized to pick your child up from school? ☐ Yes ☐ No

### Contact #2

☐ Add Contact

☐ Remove Contact

☐ Change Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Is this person authorized to pick your child up from school? ☐ Yes ☐ No

### Contact #3

☐ Add Contact

☐ Remove Contact

☐ Change Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Is this person authorized to pick your child up from school? ☐ Yes ☐ No

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_