



Wards Creek Elementary
6555 State Road 16
St. Augustine, FL 32092

Date: _____

CHANGE OF PERSONAL INFORMATION

Student Name

Teacher's Name

Grade

Parent Name

Mom E-mail: _____ Dad E-mail: _____

Cell Phone (Mom): _____ Cell Phone (Dad): _____

Work Phone (Mom): _____ Work Phone (Dad): _____

Please add: _____ to my child's authorized pick-up list.

Relationship to child:

Phone: _____

****Please email completed form to Christina.King@stjohns.k12.fl.us from an email we have onfile. ****