



WARDS CREEK ELEMENTARY
6555 STATE ROAD 16
ST. AUGUSTINE, FL 32092

DATE: _____

CHANGE OF PERSONAL INFORMATION

STUDENT NAME

TEACHER'S NAME

GRADE

PARENT NAME

PARENT SIGNATURE

PLEASE CHANGE:

MOM'S PHONE NUMBER/EMAIL:

DAD'S PHONE NUMBER/EMAIL:

CELL _____

CELL _____

HOME _____

HOME _____

WORK _____

WORK _____

EMAIL _____

EMAIL _____

PLEASE ADD:

TO MY CHILD'S AUTHORIZED PICK-UP LIST - PHONE _____

****PLEASE EMAIL COMPLETED FORM TO LAWANA.THOMAS@STJOHNS.K12.FL.US, FROM AN EMAIL ADDRESS WE HAVE ON FILE****