



Hastings Public Schools – ISD 200

Student Change of Information Form

STAFF Use Only

Student's Legal Name _____
(last name, first name, middle name)

Student ID _____ School _____ Grade _____

Legal Name Change to _____
(last name, first name, middle name)

Incorrect DOB in system – corrected DOB _____

Add Child Protection	Remove Child Protection	Effective Date _____
Person listed on the OFP _____		
Relationship to Student _____		

Student Program Changes

Full Time to Part Time	Part Time to Full Time	Effective Date of Change _____
Promote to Grade _____	Retain in Grade _____	Effective Date of Change _____

Student Re-Entry Date _____ Re-Entry From _____

Withdrawal/Transfer Date (last day student attended your school) _____

Withdrawal/Transfer to _____

Family Moved Out of District	Student Transferred (did not move out of district)
Begin Homebound	End Homebound Total Homebound Hours _____
Begin Transitioning *	End Transitioning * Total Transition Hours _____ <small>(at your school) *</small>

Other, please specify reason for Withdrawal/Transfer _____

Information taken by _____ Date _____

*TRANSITIONING STUDENTS: If student is transitioning back to your school from a care & treatment program (attend both care & treatment and your school), please indicate that information on this form. Your school will need to keep track of time student attends your school during this transition time. Once student is no longer attending care & treatment program and is back at your school full-time, please complete another change form that includes this information as well as the total transition time for the student.