

Address & Pick Up Change Form

for Hanalani Schools



form **HA-12**
year **16-17**

Please submit completed form to your Divisional Office.

Student

Student Name (1)	Current Grade	Teacher
Student Name (2)	Current Grade	Teacher
Student Name (3)	Current Grade	Teacher
Student Name (4)	Current Grade	Teacher

Contact Information (enter only information to be changed)

Change of contact information applies to: Mother Father Legal Guardian Student (1) Student (2) Student (3) Student (4)

Address		City / State	ZIP
Home Phone	Business Phone	Mobile Phone	
Email Address		<input type="radio"/> Father and mother now have separate mailing addresses	
Effective date of change			

Add Authorized Pick Up (must be 16 yrs or older)

Add pick up change applies to: Student (1) Student (2) Student (3) Student (4)

Pick Up Name (1)	Relationship
Pick Up Name (2)	Relationship
Pick Up Name (3)	Relationship
<input type="radio"/> My child may walk/ride bicycle home	

Remove Authorized Pick Up

Remove pick up change applies to: Student (1) Student (2) Student (3) Student (4)

Pick Up Name	Relationship
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Add Emergency Contact

Contact Name	Relationship	
Contact Home Phone	Contact Business Phone	Contact Mobile Phone
Physician	Physician Phone	
Medical Insurance Provider		

Agreement & Signature

I authorize the school to update these changes for my child(ren).

Parent/Legal Guardian Signature	Date
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Visit us online at www.hanalani.org
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