



SAINT XAVIER HIGH SCHOOL CONTACT CHANGE FORM

STUDENT NAME: _____ I.D. # _____
Last First Middle

SIBLINGS: _____
(Attending St. X) _____

STUDENT HOME ADDRESS CHANGE

STREET ADDRESS

CITY STATE ZIP

STUDENT RESIDES WITH:
 MOTHER FATHER STEP-PARENT GUARDIAN OTHER: _____

DUPLICATE MAILING ADDRESS CHANGE

STREET ADDRESS

CITY STATE ZIP

THIS CHANGE AFFECTS:
 MOTHER FATHER GUARDIAN OTHER: _____

EMERGENCY CONTACT INFORMATION
(After parent contacts have been attempted)

NAME PHONE

RELATIONSHIP TO STUDENT:
 MOTHER FATHER GUARDIAN OTHER: _____

PHONE NUMBER CHANGE

CELL PHONE HOME PHONE WORK PHONE

THIS CHANGE AFFECTS:
 MOTHER FATHER GUARDIAN OTHER: _____

EMAIL ADDRESS CHANGE

MOTHER FATHER

Please note: you must change your own email address on PlusPortals and the saintx.com "alert" messages.

Email to jbelle@saintx.com or print this completed form and mail it to:
Saint Xavier High School | Attn: Jean Bell | 1609 Poplar Level Road | Louisville, KY 40217