COMPTON UNIFIED SCHOOL DISTRICT

Annual Update Form

Please fill out this Annual Update Form. Check the box below, and sign the form, if there are no changes.

School Year: 2020-2021 ☐ No change(s) on student information.

Student's Name: _____
Last Name Suffix First Name Middle Name

Grade Level: _____ Gender (♂ ♀) _____ Date of birth: _____
M or F Month Day Year

***Parent(s)** means the primary care giver adult(s) who has (have) legal physical custody with whom the student is residing.
Below, please write only the name of the adult or adults who have legal physical custody of the minor named above.

***Parent 1:** _____
Last Name First Name Middle Name

Relation of ***Parent 1** to minor: ☐ Mother ☐ Father ☐ Stepfather ☐ Stepmother ☐ Foster Father ☐ Foster Mother
☐ Grandmother ☐Grandfather ☐ Other: _____

***Parent 2:** _____
Last Name First Name Middle Name

Relation of ***Parent 2** to minor: ☐ Mother ☐ Father ☐ Stepfather ☐ Stepmother ☐ Foster Father ☐ Foster Mother
☐ Grandmother ☐Grandfather ☐ Other: _____

Telephone Number: _____
Home Cell Parent 1 Work & Extension Parent 2 Work & Extension

Parent's Address: _____
Address Apt. # City Zip Code

***Parent 1**
Email Address: _____

***Parent 2**
Email Address: _____

Emergency Contact Information (Please provide an additional emergency contact name in case you can not be reached.)

Contact Name: _____
Mr./Mrs./Ms. Last Name First Name Middle Name Sr./Jr./#

Address: _____
Address Apt. # City State Zip Code

Telephone Number: _____
Home Cell Work & Extension

Email Address: _____

McKinney-Vento Status? (Temporary shelter or transitional housing) ☐ Yes ☐ No

Assembly Bill 490 Status? (Foster placement including kinship) ☐ Yes ☐ No

Parents/Guardians highest education level: (Please ☑ check only one)

Not a High School Graduate ☐
A High School Graduate ☐
Some College School ☐
Graduate School/post graduate training ☐
Decline to state or unknown ☐

My signature certifies that all of the information provided is accurate to the best of knowledge. I understand that changes in address, telephone number(s) and/or emergency information must be reported immediately.

Parent/Guardian Signature: _____ Date: _____