

PAJARO VALLEY UNIFIED SCHOOL DISTRICT

School Roster Information Change Request

Last Name		Suffix	First Name	Middle Name	Gender
_					Male
					Female
Date of Birth	Place of Birth – Nam	ne of Hospital,	Facility City	State (if US) Country
② Student Informa	ation for School Ros	ter			
Last Name		Suffix	First Name	Middle Name	Gender
					☐ Male
					Female Them,
					They
egulation. 5 Cal. Code I		rict must maii	=	ned in the cumulative folder, as vith legal name and gender.) Th	
Parent/Guardian Si		JCI.		Date	
(Optional)	B				
I have discussed my	intent to submit this red	quest with my	child's other parent/gua	rdian (if any).	
	mily/student must notify aid applications, or any c		transcripts or other docu	ıments with legal name/gende	r are needed for
responsibilities. Confi	dential student informat	ion shall not	be shared with any other	ed if necessary for the perform persons unless authorized by t cy may be cause for discipline	he parent/guardiar
Submitted by	Employee		Sito		