



SAN MATEO UNION HIGH SCHOOL DISTRICT

Change Form

(For active students only)
Special Needs Transportation

TO: San Mateo Union High School District
Special Education
Attn: Janette Iniguez
jiniguez@smuhsd.org

Change of Address
 Change of Phone Number
Effective date of change: _____

Currently Enrolled At: AHS BHS CHS HHS MHS PHS SMHS

Student Name: _____

Please advise of the following changes:

New Address ** New address has been confirmed by Student Services **

Old Address _____

New Address _____

New Phone Number

Old Phone Number _____ New Phone Number _____

Changes Requested By:

Name of Person Requesting Change Date Teacher Name Date

Approved by Special Ed Department: _____
Authorized Signature Date

TRANSPORTATION USE ONLY:

Received by / Date	Updated by / Date
--------------------	-------------------