



DISTRICT CHANGE INFORMATION

Please use this form for any changes within your district.

(This information is sent to the State Data Manager of Migrant Education)

SCHOOL DISTRICT:	
-------------------------	--

FACILITY CHANGE – NAME CHANGE:

PREVIOUS SCHOOL NAME:	
NEW SCHOOL NAME:	
ADDRESS:	
PHONE:	
SITE CODE:	
NCES SCHOOL ID:	

FACILITY ADDITION:

SCHOOL NAME:	
ADDRESS:	
PHONE:	
SITE CODE:	
NCES SCHOOL ID:	

FACILITY RETIREMENT:

SCHOOL NAME:	
ADDRESS:	
PHONE:	
SITE CODE:	
NCES SCHOOL ID:	



DISTRICT CHANGE INFORMATION

Please use this form for any changes within your district.

(This information is sent to the State Data Manager of Migrant Education)

SCHOOL DISTRICT:	
-------------------------	--

PERSONNEL CHANGE – ADDITION:

NAME:		POSITION:	
EMAIL:		PHONE:	

PERSONNEL CHANGE – ADDITION:

NAME:		POSITION:	
EMAIL:		PHONE:	

PERSONNEL CHANGE – ADDITION:

NAME:		POSITION:	
EMAIL:		PHONE:	

PERSONNEL CHANGE – DELETION:

NAME:		POSITION:	
EMAIL:		PHONE:	

PERSONNEL CHANGE – DELETION:

NAME:		POSITION:	
EMAIL:		PHONE:	

PERSONNEL CHANGE – DELETION:

NAME:		POSITION:	
EMAIL:		PHONE:	