



**SOCASTEE HIGH SCHOOL  
GUIDANCE DEPARTMENT**

4900 Socastee Blvd.  
Myrtle Beach, SC 29588  
Ph: 843-293-2513 Fx: 843-293-5614



**NEW ADDRESS/CONTACT INFORMATION/EMERGENCY CONTACT INFORMATION**

Today's Date: \_\_\_\_\_

**STUDENT'S INFORMATION:**

\*\* Please note that ALL address changes require a new "Proof of Residency". This form must have a copy of your new utility bill or lease attached. \*\*

Name (Last, First, Middle): \_\_\_\_\_

\*NEW\* Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*NEW\* Mailing Address:  
(Must be a PO Box) \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

#1 Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Student lives with Parent #1: Yes  No

#2 Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Student lives with Parent #2: Yes  No

**ADDITIONAL CONTACT INFORMATION OTHER THAN PARENT/GUARDIAN, EMERGENCY AND/OR PICKUP:**

#1 Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Is this Contact: Emergency  Pick-up  Both

#2 Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Is this Contact: Emergency  Pick-up  Both

#3 Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Is this Contact: Emergency  Pick-up  Both

Signature of Student: \_\_\_\_\_

or

Signature of Parent/Guardian: \_\_\_\_\_

**FOR GUIDANCE DEPARTMENT USE ONLY:**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

If new address: Is it in our zone Yes  No  If no, waiver submitted: Yes  No

Updates made in PS by: \_\_\_\_\_ Date: \_\_\_\_\_