



Myron B. Thompson Academy
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STUDENT CHANGE OF CONTACT INFORMATION

Complete ENTIRE form and mail to MBTA.

Student's Name: _____

Physical Address: _____

Mailing Address (if different): _____

Moving from Island: _____ **to Island:** _____

HomePhone: _____

Father's Work: _____ **Mother's Work:** _____

Father's Cell: _____ **Mother's Cell:** _____

Father's Email: _____

Mother's Email: _____

Other: _____

Emergency Contacts (other than parents)

1. Name: _____ **Phone:** _____

2. Name: _____ **Phone:** _____

Parent Signature: _____ **Date:** _____