



3. In the person's Demographics tab remove and de-select all contact methods.

**JONES, TEST** Nickname: JOHNNY HEALTH DOCUMENTS Approaching Attendance Concern

Grade: 08 #600388 DOB: 01/01/2006 Gender: F

Credentials Overrides Fees ID History Enroll Info Schedule OLR Benefits

**Demographics** Identities Households Relationships Enrollments District Employment

Save Delete Person Summary Report Demographics Data

Personal Contact Information

Contact Information	Private	Delivery Device	Emergency	Attendance	Behavior	General	Priority	Teach
Email	<input type="checkbox"/>	Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Email	<input type="checkbox"/>	Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone	<input type="checkbox"/>	Voice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Phone	<input type="checkbox"/>	Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Phone	<input type="checkbox"/>	Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. End Date the individual from any Households they were a member of.

**testing Household**  
Phone: (920)997-1399

Household Info Addresses **Members** Fees FS Deposit

Save Delete Find New Member

Household Member Editor

Name	Start Date	End Date	Secondary	Private

07/01/2016

Household Member Detail

Name: JONES, TEST

Start Date: 07/24/2014

Secondary:

End Date: 06/01/2018

Private: