

LAKE CENTER CHRISTIAN SCHOOLS

Date_____

CHANGE OF INFORMATION

Family Name_____

Date for the Change_____

Student #1 Name_____ Grade_____

Student #2 Name_____ Grade_____

Student #3 Name_____ Grade_____

Student #4 Name_____ Grade_____

New Address_____ City_____ Zip_____

New Telephone Number_____

Work Number_____ (Father)

Occupation_____

Employer_____

Work Number_____ (Mother)

Occupation_____

Employer_____

Cell Phone Number_____ (Father)

Cell Phone Number_____ (Mother)

School District_____

School Building Name_____

(i.e. Jones Middle School)

County_____

Church Attending_____

E-Mail Address_____

Parent Signature _____

Office Use Only

____ Administrator's Plus

____ Emergency Medical Form – Student File

____ Emergency Medical Form – Field Trip Envelope

____ Emergency Medical Form – Notebooks

____ Parent/Student Directory

____ E-Mail

____ Parent Memo

____ Transportation Coordinator