

Record Change Form

Change in Student/Family Demographics

Student name _____ Grade _____
Student name _____ Grade _____
Student name _____ Grade _____

ONLY COMPLETE THE INFORMATION BELOW TO CHANGE OR ADD

PARENTS LIVING TOGETHER

Parent's name _____
Address _____
Cell _____ Home phone _____

PARENTS NOT LIVING TOGETHER

Mother's name _____
Address _____
Cell _____ Home phone _____
Father's name _____
Address _____
Cell _____ Work _____ Home _____

Financial responsibility change – new person _____
Address _____
Cell Phone _____ Work _____ Home _____
Email for billing matters _____

Change in who can pick up my student(s) from school:

Please take off _____

Add (Name) _____ Phone _____

Change in additional emergency contact besides parents (if my student is sick)

Add (Name) _____ Phone _____

Name and signature of person completing form

Print name _____ Date _____

Signature _____

Submit form to: registrar@floridachristian.org