



# VALLEY CHRISTIAN SCHOOL CHANGE OF INFORMATION FORM

STUDENT NAME(S) \_\_\_\_\_ NEW Home Phone \_\_\_\_\_

STUDENT Cell Phone \_\_\_\_\_

PARENT NAME \_\_\_\_\_ New Home Phone \_\_\_\_\_ New Cell Phone \_\_\_\_\_

PARENT NAME \_\_\_\_\_ New Home Phone \_\_\_\_\_ New Cell Phone \_\_\_\_\_

NEW ADDRESS (include zip code) \_\_\_\_\_

CAMPUS (CHECK ALL THAT APPLY)-: PG (K-2) \_\_\_\_\_ LEWIS (3-8) \_\_\_\_\_ CENTRAL (3-12) \_\_\_\_\_

NEW SCHOOL DISTRICT FOR BUS \_\_\_\_\_

OTHER CHANGES \_\_\_\_\_

YOUR SIGNATURE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

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**Love More, Expect More, Be More!**