

Albuquerque Christian School

STUDENT CHANGE OF INFORMATION FORM

STUDENT'S NAME _____

TEACHER'S NAME _____

The changes to the student record noted below were requested on _____
(date)

by _____

➤ **PLEASE FILL IN ONLY THE INFORMATION THAT HAS CHANGED**

HOME ADDRESS/PHONE: _____

(_____) _____

WORK PHONE (MOM): (_____) _____

WORK PHONE (DAD): (_____) _____

PAGER/CELL (MOM): (_____) _____

PAGER/CELL (DAD): (_____) _____

EMAIL ADDRESS (MOM): _____

EMAIL ADDRESS (DAD): _____

CHANGES TO INFORMATION OTHER THAN THAT LISTED ABOVE:

cc: Principal
Teacher(s)
Counselor
Childcare
Receptionist
Office (Student File, RenWeb)
Accounting (FACTS, Quickbooks)