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## STUDENT CHANGE OF INFORMATION FORM

**NEW ADDRESS**

**NEW PHONE**

**OTHER CHANGES**

Date: \_\_\_\_\_

Effective Change Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Email: \_\_\_\_\_

**NEW Home Address:** \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**NEW Home Phone (Parent 1):** \_\_\_\_\_ (Parent 2): \_\_\_\_\_

**NEW Cell Phone (Parent 1):** \_\_\_\_\_ (Parent 2): \_\_\_\_\_

**NEW Work Phone (Parent 1):** \_\_\_\_\_ (Parent 2): \_\_\_\_\_

**OTHER CHANGES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**KNOWN ALLERGIES:** \_\_\_\_\_

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### *For Office Use Only*

- Alma*       *Constant Contact*       *Child's File*       *Copy to ECE*       *Business Office*  
 *Development*       *Email update to teachers/administration*