



בית ספר שלום • SHALOM SCHOOL

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: _____

For Office Use Only

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