GRACE BRETHREN SCHOOL
CHANGE FORM

Complete *Only Items Being Changed*

Student's Name _____ Teacher _____

Student's Name _____ Teacher _____

Student's Name _____ Teacher _____

☐ **Home Address and/or Phone**

Street Address _____ City _____ Zip Code _____

Home Phone _____ ☐ Mother ☐ Father ☐ Cellular No. ☐ Pager No.

Home Phone _____ ☐ Mother ☐ Father ☐ Cellular No. ☐ Pager No.

☐ **Place of Employment** ☐ Mother ☐ Father

Company Name _____ Work Phone No. _____ Ext. No. _____

☐ **Place of Employment** ☐ Mother ☐ Father

Company Name _____ Work Phone No. _____ Ext. No. _____

☐ **Authorized Pick Up**

Name _____ Phone No. _____

Name _____ Phone No. _____

☐ **Emergency Contact**

Name _____ Phone No. _____

Name _____ Phone No. _____

☐ **Remarks**

_____

Signature Parent/Guardian _____ Date _____

Office Use Only:
☐ Teacher ☐ Extended Care ☐ Finance Office
_____ Computer
_____ Book