



Cypress Christian Schools

# Student Information Addition/Change Form

Student(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_

Name of parent/guardian completing form: \_\_\_\_\_

Reason for completing form:  Address Change  Add Contact  Remove Contact  Other

<b>Address Change:</b>
<b>Contacts to Remove:</b>

Name	Relationship to Student(s)	Cell Phone	Permitted to Pick Up?	Emergency Contact?
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No

**Other Change:**

Rev 10/02/2023 Office use Entered in FACTS date: _____ by: _____
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