



Student Change of Information

For best results when filling out this form on your computer, download it first and open in Adobe Acrobat Reader. If filling out by hand, please print clearly.

Student Name: _____ Legal Name: _____

Class of: _____ Date: _____

Submit 1 form per family to Wesley Christian Academy.

Please fill out only the information that's changing:

Previous Address: _____

*New Address: _____

***You are REQUIRED to submit a proof of residency for a new address.**

Previous Home Phone Number: _____ New Home Phone Number: _____

1st Parent/Guardian Name _____

Work Phone Number _____ Cell Phone Number _____

1st Parent/Guardian Email Address _____

2nd Parent Guardian Name _____

Work Phone Number _____ Cell Phone Number _____

2nd Parent/Guardian Email Address _____

Additional Information:

Is this a temporary living situation: ___ Yes ___ No. If Yes, please indicate where the student is living: ___ in a shelter

___ in a car ___ in a motel/hotel ___ with more than one family in a house or apartment ___ with friends or a relative

Other (please specify): _____

Does the living situation checked above result from a loss of housing or from economic hardship ___ Yes ___ No ___ Not sure

Change in Emergency Contact List:

In addition to who is listed in the enrollment packet, please ADD (local contacts only):

(1.) Name _____ Relationship _____

(H) Phone Number _____ (W) Phone Number _____ (C) Phone Number _____

(2.) Name _____ Relationship _____

(H) Phone Number _____ (W) Phone Number _____ (C) Phone Number _____

REMOVE the following previous emergency contacts:

Name _____

Name _____

Parent/Guardian Signature _____

FOR OFFICE USE ONLY

Entered by _____ Date _____ By Phone