

SCHOOL CHANGE OF STATUS FORM

DATE: _____

FAMILY NAME: _____

ADDRESS: _____

PHONE NUMBER: HOME _____ WORK _____

CHILD'S NAME & GRADE: _____

CHILD'S NAME & GRADE: _____

CHILD'S NAME & GRADE: _____

REASON FOR CHANGE OF STATUS:

TUITION PAYMENT METHOD: PAID IN FULL _____ ACH MONTHLY DEBIT _____

OUTSTANDING FEES: _____

REFUND/INCREASE OF TUITION
REQUESTED: _____

PARENTS
SIGNATURE: _____

PRINCIPAL SIGNATURE: _____