



2018-2019 Information Change Form

Schaumburg Christian School
200 North Roselle Road
Schaumburg, IL 60194
Phone: 847-885-3230
Fax: 847-885-3354
www.schaumburgchristian.com

FAMILY INFORMATION

(This section must be completed.)

Student's Name: _____
Last First

Parent's Name: _____
Last First

Teacher's Name: _____ Grade: _____

ADDRESS AND TELEPHONE CHANGES

(List only the **NEW** information)

Address _____
_____ City ST ZIP

Home Phone (xxx)xxx-xxxx _____

Father's Employment _____ Work _____ Cell _____	Mother's Employment _____ Work _____ Cell _____
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Email Address _____

CLASS STATUS CHANGE

Changes will be effective 1st of the following month. (subject to approval)

- There will be a \$30.00 fee for changing the class status.

Pre-3's – Pre-Kindergarten Only:

Please change my child's class to _____ M-F _____ MWF _____ TTH Effective Date: _____

Pre-Kindergarten Only (Nap Option):

_____ YES, my child will nap _____ NO, my child will not nap Effective Date: _____

Preschool or Kindergarten:

Please change my child's class to _____ Full-Day _____ Half-Day (AM) Effective Date: _____

TUITION PAYMENT PLAN CHANGE

- There will be a \$30.00 fee for changing the payment plan option.

Change my Tuition Plan to _____ Annual (payment due August 1)
_____ Semi-Annual (payment due August 1 and January 1)
_____ 10-month (August-May) (only available if enrolled by July 1)
_____ 9-month (September-May)

ACCOUNT RE-ACTIVATION

- There will be a \$95.00 account reactivation fee for families who leave the school and then return within the same school year.
- Effective date: _____

CHILD PICK-UP – PERMISSION

(Add/Delete names of those allowed to pick up your child from school.)

Please **ADD** the following to my pick-up list:

Please **DELETE** the following to my pick-up list:

OTHER CHANGES

Please describe: _____

Parent's Name (By placing your name in this box, you are acknowledging that you are the parent/guardian and approve the information on this form.)

Date

OFFICE USE ONLY

Received By/Date: _____ / _____ Input By/Date: _____ / _____ Billing Office/Date Input: _____ / _____ CC Office/Date Input: _____ / _____