



# 2020-2021 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 \_\_\_\_\_ Mother's Employment \_\_\_\_\_  
Work \_\_\_\_\_ Work \_\_\_\_\_  
Cell \_\_\_\_\_ Cell \_\_\_\_\_

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.

### **Preschool and 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: \_\_\_\_\_ / \_\_\_\_\_