



Parma Heights Christian Academy

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CHANGE OF ADDRESS FORM

Check One: ___ Information is *IN ADDITION TO* what is already on file.
 ___ Information *REPLACES* what is already on file.

EFFECTIVE DATE: _____ CHILD'S LAST NAME: _____

MOTHER'S NEW ADDRESS: _____

NEW CITY/STATE/ZIP: _____ **MOTHER'S NEW HOME PHONE:** _____

MOTHER'S NEW WORK PHONE: _____

FATHER'S NEW ADDRESS: _____

NEW CITY/STATE/ZIP: _____ **FATHER'S NEW HOME PHONE:** _____

FATHER'S NEW WORK PHONE: _____

1st CHILD'S NAME: _____ GRADE: _____

2nd CHILD'S NAME: _____ GRADE: _____

3rd CHILD'S NAME: _____ GRADE: _____

4th CHILD'S NAME: _____ GRADE: _____

MOTHER'S SIGNATURE

FATHER'S SIGNATURE