CHANGE OF ADDRESS AND PHONE NUMBER

Fill out the following form. Sign and return by pressing the <u>print</u> or <u>email</u> button. If printing the form, please take it to the assigned school.



Life School 132 E Ovilla Road, Ste A Red Oak, TX 75154

> Phone: 469.850.5433 Fax:469.850.5433 www.lifeschools.net

Campus		132 E Ovill
Date		Phone
		Fax:4 www.
Student Name:		Grade
Parent(s) Names:		Ü^ æaa[}•@2[A[Á[Áncčå^}c
		Ü^ æaa[}•@2]Áa[Áncčå^}c
Mailing Address:		Šãç^•ÁsæÁs@ā Ásæåå¦^••
City	State	Zip
Physical address is the	e same as mail	ing address
Physical Address:		
City	State	Zip
Phone Number		Phone Number
Cell Number		Cell Number
Work Number		Work Number
Email		Email
Change of Campus ID:		

Signed By the (Parent)*

Comments:

Staff Signature

^{*}I understand that by typing my full name in the space provided I am acknowledging the above information is true to the best of my knowledge.