

**Chippewa Falls 4K Cardinals
Student Update Form**

4K Site: _____

Child's Name: _____

ADDRESS/PHONE CHANGES

Parent/Guardian Name: _____ Phone Number: _____

New Address: _____ E-Mail Address: _____

Who is moving to this address (*i.e. Mom, Dad, Whole Family*)? _____ Date Change Occurs: _____

WITHDRAWAL FROM THE 4K PROGRAM

Moving To: _____
Street Address City State

New Early Learning Program: Yes _____
School District/Program Name

Child's first day in class: _____ Child's last day in class: _____
Date Date

TRANSFER BETWEEN 4K SITES

Is this child a transfer from another 4K Site? Yes No Site Name? _____

Reason for transfer: _____

Child's first day in class: _____ Child's last day in class: _____
Date Date

Teacher: _____ Session AM PM

Parent Signature: _____ Date: _____

Mail or Fax Student Update Form to:

Chippewa Falls School District - 4K Cardinals
1345 Ridgewood Drive
Chippewa Falls, WI 54729
Fax: 715-726-3757

For 4K Office Use Only		
Date Received: _____	IC: <input type="checkbox"/>	Cumulative/Health Files <input type="checkbox"/>

