

Chippewa Falls 4K Cardinals Student Update Form

4K Site: _____

Child's Name: _____

ADDRESS/PHONE CHANGES

Parent/Guardian Name: _____ Phone Number: _____

New Address: _____ Email Address: _____

Who is moving to this address (ie. 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: _____ Date Child's last day in class: _____ 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: _____ Date Child's last day in class: _____ Date

Teacher: _____ Session: ☐ AM ☐ PM

PARENT SIGNATURE: _____ DATE: _____

EMAIL FORM TO:
barretrs@chipfalls.org

or

MAIL OR FAX FORM TO:
Chippewa Falls School District - 4K Cardinals
1345 Ridgewood Drive
Chippewa Falls, WI 54729
Fax: 715-726-3757

Date Received: _____ For 4K Office Use Only IC: _____ Cumulative/Health Files: _____

