



KAWAIAHA'O CHURCH SCHOOL
Change of Status Form
(Please print legibly)

Date: _____

Name of Student: _____
Last *First*

Parent making the changes today: _____

BILLING INFORMATION

Person in charge of payments: _____

Mailing address: _____

Phone contact(s): _____

Email address: _____

Change of status:

Effective Date:

Current status: (for office use only)

Class:

Parent signature: _____ Date: _____