

## L.I.G.H.T. / P.S.R. Change Form

Household Name: (Last Name) \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

Zip

Home Phone: ( ) \_\_\_\_\_ E – Mail: \_\_\_\_\_

Primary Adult that will pick up on PSR Mondays Name: \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

*Student Changes: Student name* \_\_\_\_\_ *Grade* \_\_\_\_\_

*Changes Check : Delete* \_\_\_\_\_ *Change from PSR to Homeschool* \_\_\_\_\_ *Homeschool to PSR* \_\_\_\_\_

*LIGHT Changing From Sunday to Monday* \_\_\_\_\_ *or Monday to Sunday* \_\_\_\_\_

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