

St. Anthony's Oceanside

OFFICE OF FAITH FORMATION CHANGE OF CLASS REQUEST

FEE: \$35 PER CHILD - MUST BE SUBMITTED WITH FORM

Family Name _____ Phone (____) _____ Date __ / __ / ____

Child's Name	Grade	Assigned Day /Time	Requested Day/Time

Reason for change request: _____

For Office Use: Parents Notified Initials: _____ Date: _____ / _____ / _____

Fee Paid: Cash \$ _____ Check # _____ Visa/MC/Discover: # _____

Expiration Date: _____ / _____ CVC: _____ Zip Code: _____

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