Riverland Christian Academy

Information Update Form

www.portal.myschoolworx.com

Student's Name: _____ **School Year:** _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Home Number: _____ Cell Number: _____

Email: _____

Mother's Name: _____

Place of Employment: _____ Work Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Number: _____ Cell Number: _____

Email: _____

Father's Name: _____

Place of Employment: _____ Work Number: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Home Number: _____ Cell Number: _____

Email: _____

PICK UP LIST		
First and Last Name	***Relationship to student***	***Phone Number***