



SCHEDULE CHANGE REQUEST FORM

Name: _____

Current Date: _____

Class/ Teacher: _____

School Location: _____

My child's current schedule:

His/ her new schedule will be:

Effective Date: _____

Note: If a child disenrolls, he/she may not re-enroll for six weeks. Re-enrollment is dependent upon availability. A \$100 re-enrollment fee will be charged upon disenrollment.

Director's Signature: _____