



SCHEDULE CHANGE FORM TRANSFER REQUEST FORM

Child's Name: _____ Birthdate _____

Current Date: _____ Class/Teacher: _____

My child's current schedule/ school: _____

End date at current school: _____

His/her new schedule/ school will be: _____

Start date at new school: _____

Note: If a child disenrolls, he/she may not re-enroll for six weeks. Re-enrollment is dependent upon availability. A \$200 re-enrollment fee will be charged upon disenrollment if there is a gap in enrollment.

If there is continuous enrollment, fees, deposits and vacation accrual (for full-time, full day children) transfers to new location. If a child's schedule changes from 5 days a week to 2 or 3 days a week, vacation credit is forfeited.

Parent's Signature: _____ Date _____

Director's Signature: _____ Date _____

When complete, please email to:
admissions@kensingtonschool.com.