



SCHEDULE CHANGE REQUEST FORM
(Due no later than the 15th of the preceding month)

(All changes are subject to available space and effective only after approval from extended day office)

Child's Name: _____
(separate form for each child required)

Parents' Name: _____
Ext Day Site: ___ AES ___ SMS ___ VBES

Requested Effective Date of Change: _____

CURRENT SCHEDULE

Early Start Session: M T W Th F

After School Session: M T W Th F

Please Check 4:30 pm ___ 6:00 pm _____

NEW SCHEDULE

Early Start: M T W Th F

After School: M T W Th F

Please Check 4:30 pm ___ 6:00 pm _____

WITHDRAWAL REQUEST FORM - see page 10 of parent handbook

Requested Effective Date of Change:

Child's Name: _____
(separate form for each child required)

From: ___ AM Only PM Only _____ AM & PM School Session ___ 4:30 ___ 6:00

Ext Day Site: ___ AES ___ SMS ___ VBES

Parent Signature

**** Please remember to let your child's teacher know of any changes. ****

EXT DAY OFFICE USE ONLY

Current Tuition \$ _____ New Tuition \$ _____

Date Form Received by Ext Day Office _____

Date Copy Returned to Parent _____