

Change of Schedule Request

Child's Name:		Class:			
Date of Request:/_	/				
PLEASE CHECK DESIRE		-			
* TEMPORARY Change					
Add additional days	of the week:	/	/	ED -Yes -No	
🗌 Monday	🗌 Tuesday	🗌 Wednesday	Thursday	🗌 Friday	
* PERMANENT Change	Request				
Switching days:		for _			
Add additional days	of the week:				
🗌 Monday	🗌 Tuesday	🗌 Wednesday	🗌 Thursday	🗌 Friday	
I hereby agree to be bound	d by this perm	nanent schedule o	change and pay	yment change.	
Parent's Signature:			Date:	_//	
* OTHER change (detai	I)				
For office use: Request re Confirmed with Teacher notifie Staffing:] ad	h parents ed		staffing change	needed	
Front Office notified Procare updated Attendance reprinted					
	Business Office notified Date received//				
- D.O.		, D.C			