



Request for Schedule Change (permanent)

Child(ren)'s name _____

Classroom _____

Current Schedule: _____

New Schedule: _____
(time and days)

Requested change date: _____

*Reduction of days or hours must be requested a minimum of 14 days in advance.

*Increase of days or hours must be requested a minimum of 14 days in advance and will be accommodated when space is available.

Parent Signature _____

Date: _____

Approved starting date: _____

Administration Signature: _____

A copy of this form will be returned to the parent when the requested schedule is available.