

**CHANGE OF SCHEDULE FORM**  
**(See Handbook for Policies & Procedures)**

Child's Name: \_\_\_\_\_

School Site: \_\_\_\_\_ Program: AM PM

Type of Change	Change of Days	Adding Days	Deleting Days
	Terminate/Inactivate	Reactivate	Vacation

**PLEASE COMPLETE BELOW:**

1. Change is effective starting what date? Week of \_\_\_\_\_
2. Is this a permanent change? YES NO
3. If NO, please state date change is to be reversed back: Week of \_\_\_\_\_
4. **CURRENTLY**, my child is attending: Mon Tue Wed Thu Fri
5. My child will **NOW** be attending: Mon Tue Wed Thu Fri

**NOTES:**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
Date

**Site Director Use Only**

Site Staff Initials:

Date Rec'd:

Time Rec'd: