

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 the Extended Day office)

| Child's Name: | uired) |
|--|------------------------------|
| Parents' Name: | |
| Ext Day Site: SECC VBES | |
| Requested Effective Date of Change: | |
| CURRENT SCHEDULE | NEW SCHEDULE |
| Early Start Session: M T W Th F | Early Start: M T W Th F |
| After School Session: M T W Th F | After School: M T W Th F |
| Please Check 4:30 pm 6:00 pm | Please Check 4:30 pm 6:00 pm |
| Requested Effective Date of Change: Child's Name: | |
| (separate form for each child requ | uired) |
| From: AM Only PM Only AM | & PM School Session4:306:00 |
| Ext Day Site: SECC VBES | |
| Parent Signature | any changes. ** |
| EXT DAY OFFICE USE ONLY Current Tuition \$ New Tuition \$ | |
| Date Form Received by Ext Day Office Date Copy Returned to Parent | |