

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	