

**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. **
<b>EXT DAY OFFICE USE ONLY</b> Current Tuition \$ New Tuition \$	
Date Form Received by Ext Day Office Date Copy Returned to Parent	