

Student Change

Student Name _____

Parent Name _____

Parent e-mail address _____

Teacher _____

Change preschool schedule:

from _____ days per week

to _____ days per week

Change early morning care schedule:

from _____ days per week

to _____ days per week; please specify days: Mon Tues Wed Thurs Fri

Effective date of change: _____

Parent Signature _____ Date: _____