



## School of Enrichment, Inc. Student Schedule Change Request Form

**Date Submitted:** \_\_\_\_\_

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

**Parent Name(s):** \_\_\_\_\_

**Current Schedule:** \_\_\_\_\_

**Preferred Schedule:** \_\_\_\_\_

**Requested Effective Date:** \_\_\_\_\_

*(1st of the month is preferred)*

Please know that all requests to change a student schedule are seriously considered and all attempts are made to accommodate said requests. If the request is approved, a copy of this form will be signed and returned to the student's folder.

If requesting a reduction in schedule, 30 days written notice via email is required.

Request may take up to 14 days for final determination.

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

**School of Enrichment:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved**

**Not Approved**