

### Parental Request for Attendance Change

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

**School:** \_\_\_\_\_

Please check one of the following:

\_\_\_\_\_ **Change of days attending**

Please check the days your child(ren) will now be attending:

\_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F

\_\_\_\_\_ **Changing from Part-time to Full-time**

Effective Date: \_\_\_\_\_

\_\_\_\_\_ **Changing from Full-time to Part-time**

Effective Date: \_\_\_\_\_

Please check the days your child(ren) will now be attending:

\_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F

\_\_\_\_\_ **Dropping the Program**

Effective Date: \_\_\_\_\_

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Last day that your child(ren) will attend: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Approval: \_\_\_\_\_

