

ADMINISTRATIVE FEE = \$25**Only applies if changing from 5 day attendance to 2 or 3 days. NSF Fee=\$25

Change Request Form

Student	Name:								
Currentl	ly: attending level:		atten	ding days (<i>sele</i>	ect one):	: M/W/F	T/Th	5 days	
Request	ting:								
	Withdrawal – effective (day/ month/ ye REMINDER: THE SCHOOL REQUIRES AT LEAST 30 DAYS NOTICE.							nth/ year)	
	Add/ decrease days to								
	Level (choose one):		L1 - Todd	ler 18-24m		L2 - Pre-	-school 2 1	⁄₂ - 5 yrs	
	Days (choose one):		M/W/F	☐ T/Th		5 days			
	Change in profile information(s), i.e. Personal address, Doctor's contact information, pick-up authorization, – please provide details:								
	Other – please specify								
Parent Signature:					Da	ate:			
Contact	tel. #:								
Commit	return to the lockbox ttee will contact you. T			NTION: REGIS	STRAR	and a m	ember of	the Execu	
Approved by:				Received on:			(dd/mm/yy)		
nformed Treasurer of change: yes no)	Effective date:			(dd/mm/yy,)	