

# Schedule Change Form

Student's name \_\_\_\_\_ Today's date \_\_\_\_\_

Current schedule \_\_\_\_\_

New schedule \_\_\_\_\_

Date new schedule to take effect: \_\_\_\_\_

\*Please note that schedule changes require a minimum of 3 weeks prior notice.

If you are adding days, please check with Elizabeth to ensure there is space on your desired day (s).