



Little Acorn Montessori Academy

Change of Schedule Request Form

PLEASE COMPLETE THIS FORM ONE MONTH PRIOR TO THE DATE REQUESTED.

Child's Name: _____

Parent's Name: _____

Child's Classroom: _____

Current Schedule: _____

Change Effective From: _____

Select desired schedule:	
Infant/Toddler	Pre-Primary/Primary
<input type="checkbox"/> 2 Extended Days (7:00am-6:00pm) <input type="checkbox"/> 2 Half Days (8:30am-12:30pm) <input type="checkbox"/> 3 Extended Days (7:00am-6:00pm) <input type="checkbox"/> 3 Half Days (8:30am-12:30pm) <input type="checkbox"/> 5 Extended Days (7:00am-6:00pm) <input type="checkbox"/> 5 Half Days (8:30am-12:30pm) Days: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> 2 Extended Days (7:00am-6:00pm) <input type="checkbox"/> 2 Academic Days (8:30am-3:00pm) <input type="checkbox"/> 2 Half Days (8:30am-12:30pm) <input type="checkbox"/> 3 Extended Days (7:00am-6:00pm) <input type="checkbox"/> 3 Academic Days (8:30am-3:00pm) <input type="checkbox"/> 3 Half Days (8:30am-12:30pm) <input type="checkbox"/> 5 Extended Days (7:00am-6:00pm) <input type="checkbox"/> 5 Academic Days (8:30am-3:00pm) <input type="checkbox"/> 5 Half Days (8:30am-12:30pm) Days: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
Lunch Program: <input type="checkbox"/> Add <input type="checkbox"/> Remove	

Schedule changes are not guaranteed and are subject to availability.

Parent's Signature: _____ Date: _____

To be completed by Office Staff only:

Date Received: _____

Received By: _____

Status: Approved Denied: Reason: _____

Rollcall Check for School Year Procure Schedule Amended Billing Box Amended