



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

Half Day (8:30-12.30) ____ Academic Day (8:30-3.00) ____ Extended Day (7:00-6:00) ____

Desired Days of the Week: M__ T__ W__ TH__ F__

Lunch Program

Add Remove If Adding, Select desired Days of the Week: M__ T__ W__ TH__ F__

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