## **GV CHRISTIAN SCHOOL** The Pursuit of God, Knowledge, Compassion & Leadership

## **Schedule Change Request**

Today's Date:Date change is effective for:
Date returning to original schedule* (if applicable)
*Schedule changes that affect the tuition rate can only be made twice a year.
Reason for schedule change:
Parent's Name:Email:
Child's Name: Classroom:
********CURRENT Schedule (circle days attending and mark full or half day)*******
M T W Th F
Full Day or Half Day
******** <b>NEW</b> Schedule request (circle days you want to attend and mark full or half day) *******
M T W Th F
Full Day or Half Day
I have read and understand the below statements from the Parent Handbook:
Parent/Guardian Signature Date:
<ul> <li>Please be aware of the following as stated in the Parent Handbook: <ol> <li>The schedule change must be received in writing at least one calendar week prior to the desired change.</li> <li>All schedule changes are subject to review and must be approved in order to take effect</li> <li>Schedule changes that affect the tuition rate can only be made twice a year.</li> </ol> </li> <li>Part time schedules (less than 5 days) requesting to change which days attended to accommodate a holiday week are on a first come first serve basis and are subject to approval.</li> <li>Schedule changes are not meant too (and cannot) be used as a temporary revolving schedule from week to week.</li> <li>Schedule changes should not be used as a temporary means or method to reduce tuition costs- financial hardship not withstanding.</li> </ul>
For office use only: Type of Request: Permanent Daily
Received by: Date Received:
ApprovedOR DeniedBy:       Date:         Parent notified by:       LetterInfodirectEmailPhone
CC: Registrar Bookkeeping Teacher File