



## Montessori School of San Clemente 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 (6:30am-6:30pm) <input type="checkbox"/> 2 Half Days (8:30am-12:30pm) <input type="checkbox"/> 3 Extended Days (6:30am-6:30pm) <input type="checkbox"/> 3 Half Days (8:30am-12:30pm) <input type="checkbox"/> 5 Extended Days (6:30am-6:30pm) <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 (6:30am-6:30pm) <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 (6:30am-6:30pm) <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 (6:30am-6:30pm) <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