

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 ____

*******NEW** 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: _____

Please be aware of the following as stated in the Parent Handbook:

1. The schedule change must be received in writing at least **one calendar week prior to the desired change**.
2. All schedule changes are subject to review and **must be approved** in order to take effect
3. Schedule changes that affect the tuition rate can only be made twice a year.
4. 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.
5. Schedule changes are not meant too (and cannot) be used as a temporary revolving schedule from week to week.
6. Schedule changes should not be used as a temporary means or method to reduce tuition costs- financial hardship notwithstanding.

For office use only: Type of Request: Permanent____ Daily____

Received by: _____ Date Received: _____

Approved____ OR Denied____ By: _____ Date: _____

Parent notified by: Letter____ Infodirect____ Email____ Phone____

CC: Registrar _____ Bookkeeping _____ Teacher _____ File _____