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Enrollment Change Form

Child's name: _____

Site: (circle one) Hansen Jones

Additional Day: _____

Increase day(s): From: M T W Th F Early Th.
(circle days)

To: M T W Tr F Early Th.
(circle days)

Effective date for change: _____

Decrease day(s): From: M T W Th F Early Th.
(30 day written notice required) (circle days)

To: M T W Tr F Early Th.
(circle days)

Effective date for change or withdrawal from program:
(30 day written notice required) _____

Parents Signature

Date:

Parents Name(please print)

SED Signature

Date received:

Office Initials: _____

Date received: _____