



CHANGE REQUEST FORM

I would like to request a change in my child's enrollment contract. Please fill in below both your child's complete, current schedule and the new, requested schedule, where indicated. Please fill in the start and stop time for each day

Child's Name: _____ Class: _____

Currently, he/she is enrolled:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

We would like to change to:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

I understand that HMCDS may not be able to accommodate this request.

Signed _____

Printed Name _____

Date _____

Please do not write below this line. School use only.

New schedule approved:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

School Acceptance _____

Parent Acceptance _____

Date _____