



**Khalsa Montessori Primary School**

**Student Schedule Change Request**

A Parent/Guardian must notify the primary school office in writing when making or considering a change in their child's schedule. A scheduling change may also be made at the recommendation of a teacher.

A scheduling change has several possible effects to our program; therefore, we must ask that parents give a **minimum of 20 school day** notice of any scheduling change.

Effects include but are not limited to:

**Staffing Ratios** - Your request may alter certain daily schedules and must be discussed with teachers and administration.

**SMART Tuition** - Changes may not take effect immediately. SMART Tuition generally needs a certain amount of lead time in order to change.

***Families may make only TWO changes to the schedule per school year.***

Parent(s) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Desired date of schedule change: \_\_\_\_\_ Current Classroom: \_\_\_\_\_

Current Schedule:

- Half-Day**
- Full-Day**
- Full-Day w/ Partially Extended**
- Full-Day w/ Full Extended**
- Vacation Program**

Desired Schedule:

- Half-Day**
- Full-Day**
- Full-Day w/ Partially Extended**
- Full-Day w/ Full Extended**
- Vacation Program**

Reason for change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Monthly Tuition: \_\_\_\_\_ Adjusted Monthly Tuition: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

By signing this form, you agree to the stated rate, start dates, and duration. Further you accept this document as an amendment to the financial contract completed at the time of school year registration and you agree to the responsibility of adjusted rates.

Rec'vd date: \_\_\_\_\_

By: \_\_\_\_\_

Approval/Denial date: \_\_\_\_\_

SMART adjustment: \_\_\_\_\_

Start Date: \_\_\_\_\_

By: \_\_\_\_\_