

Change of Schedule Application

Fair Haven Day School

Child's Name: _____ Date: _____

Child's class/teacher: _____

This change in your child's schedule would be (*please circled*): temporary permanent

When would this change take effect? _____

If this is only a temporary change, please list the date(s) your child's schedule would change:

In the appropriate day/time slots below, please check your child's new schedule:

	7am-9am	9am-2pm	2pm-4pm	4pm-6pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Comments: _____

Please return this form to the Day School office.

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Office use only

Schedule change approved by: _____

date: _____