



Program Change Request Form

Request to change from Flex or ½ Day Student
to Full Day Hybrid Student

This form is being initiated by: _____ Relationship to student: _____

Student's Name: _____ Student's grade: _____

Date change is requested: _____ Date form was initiated: _____

Before request can be considered:

Until you have met with Administration and obtained their signature, the Program Change is not considered finalized and invoicing will continue until that date.

Administration's Signature: _____ **Date:** _____

It should be understood that this change request would require a revised Financial Agreement. There will be an adjustment in your tuition billing to correspond with your payment schedule before you begin the Hybrid Program.

Reason for change: (use extra paper if necessary)

Parent's Signature: _____ **Date:** _____

Administration Signature: _____ **Date:** _____

-----Office Use-----

Business Manager Signature: _____ **Date:** _____

Principal Approval Signature: _____ **Date:** _____

Comments: