



Program Change Request Form

Program change request from ALL programs at Classical Christian Academy

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

Student(s) Name: _____

Student(s) grade: _____

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

Please indicate which program you will be changing:

- ☐ Another Program to Full Time Hybrid Student – increase in program (no charge)
- ☐ Hybrid Student to Flex Student (on/off campus) - \$200/student; \$400 max per family
- ☐ Hybrid Student to Guest Student - \$200/student; \$400 max per family
- ☐ Hybrid Student to ½ Day Programs- \$200/student; \$400 max per family
- ☐ Other: _____ - _____

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:** _____

1. Requests for a change in program are generally only approved in exceptional circumstances.
2. In most cases, the change should only take place at the beginning of a semester to be less disruptive to the class, teacher, and student.
3. This Change Request is changing the Financial Agreement that was signed and will have a negative fiscal impact for CCA. As outlined in the Financial Agreement, the full amount of the agreement is due unless the Board of Directors agrees to change your agreement. *After December 1st, CCA is unable to fill your student's seat. Therefore, the Board will not adjust or waive your Financial Agreement.*
4. An additional \$200 Program Change Fee per student with a maximum of \$400 per family will be added to your account amount due.

Reason for change: (use extra paper if necessary)

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

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

Head of School Approval Signature: _____ **Date:** _____

Comments: