CCA
CLASSICAL CHRISTIAN ACADEMY

Program Change Request Form

Program change request for ALL programs at Classical Christian Academy

This form is being initiated by: _____ Relationship to Student(s): _____

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 Track – increase in program (no charge)
- ☐ 3-Day Track to 2-Day Track or 2-Day Track to 3-Day Track - $200/student; $400 max per family.
  (Track changes are permitted through May 31. Effective June 1, track changes will no longer be accepted.)
- ☐ Other: _____ - _____

Before request can be considered:

1. You have met with the principal and obtained their signature, the Program Change is not considered finalized, and invoicing will continue until that date.
2. Requests for a change in program are generally only approved in exceptional circumstances.
3. In most cases, the change should only take place at the beginning of a semester to minimize disruption to the class, teacher and student.
4. Once this form is approved, your Financial Agreement will be updated accordingly.

Reason for Change: (use extra paper if necessary)

_____

_____

Principal's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Business Manager Signature: _____ Date: _____

Head of School Approval Signature: _____ Date: _____

Comments: _____