

**P.A.L.**  
**2017-2018 Change of Schedule Form**

Initial When Done: Copies Made: _____ In Flex & No: _____ Requested By: M / D
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- Temporary Change** (lasting three weeks or LESS)  
 **Long Term Change** (Lasting MORE than three weeks)

**Student Name:** \_\_\_\_\_

<b><u>Current Schedule:</u></b>					<b><u>New Schedule:</u></b>						
	M	T	W	Th	F		M	T	W	Th	F
AM's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Today's Date: \_\_\_\_\_ Date New Schedule Goes into Effect: \_\_\_\_\_  
Date Old Schedule Resumes (if Temporary): \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Staff Initials \_\_\_\_\_

A two week notice is required for long term changes ♦ if two weeks' notice is not given you may be required to pay your original tuition rate for the first two weeks of your schedule change.

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PM's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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