

P.A.L.
2019-2020 Change of Schedule Form

| |
|---------------------------|
| Initial When Done: |
| Copies Made: _____ |
| In Flex & No: _____ |
| Requested By: M / D _____ |

- Temporary Change (Lasting three weeks or LESS)
 Long Term Change (Lasting MORE than three weeks)

Student Name: _____

| <u>Current Schedule:</u> | | | | | <u>New Schedule:</u> | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> | AM's | <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"/> | PM's | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Today's Date: _____ Date New Schedule Goes into Effect: _____

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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