

P.A.L.
2020-2021 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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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"/>

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