



Stars Montessori Academy
Change of Schedule Request Form

PLEASE COMPLETE THIS FORM ONE MONTH PRIOR TO THE DATE REQUESTED.

Child's Name: _____

Parent's Name: _____

Child's Classroom: _____

Current Schedule: _____

Change Effective From: _____

Select desired schedule:
Table with 2 columns: Infant/Toddler and Pre-Primary/Primary. Includes options for extended days, half days, academic days, and lunch programs.

Schedule changes are not guaranteed and are subject to availability.

Parent's Signature: _____ Date: _____

To be completed by Office Staff only:
Date Received: _____
Received By: _____
Status: [] Approved [] Denied: Reason: _____
[] Rollcall Check for School Year [] Procure Schedule Amended [] Billing Box Amended