

**Please Note: Any requests need to be made 2 weeks prior to the arrangement taking place.**

Student Full Name \_\_\_\_\_ Class \_\_\_\_\_

**Current Enrolled Days:**

Monday     Tuesday     Wednesday     Thursday     Friday

**I/We request additional day/s / change of day/s as stated below:** (please tick requested day/s)

Monday     Tuesday     Wednesday     Thursday     Friday

**Comments** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If your request is approved, please indicate what date you would like this change to take effect

\_\_\_\_\_

**I/We understand**

- This request is subject to availability
- All requests are confirmed within a two week period
- I /We understand this request, if approved will change our weekly fees

Parent/Carer Name \_\_\_\_\_

Parent/Carer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Carer Name \_\_\_\_\_

Parent/Carer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Request     Approved     Not Approved    **Effective from:** \_\_\_\_\_

Authorised by \_\_\_\_\_ Date \_\_\_\_\_

Letter Sent to family enclosing Confirmation Form and Fee Schedule

Staff Member \_\_\_\_\_ Date \_\_\_\_\_