



NOTICE OF CHANGE

Date of Notice: _____

Name of Parent/Sponsor:

Signature

Name of Child(ren): _____

Please check type of change

Termination Effective Date: _____

Reason for Leaving: _____

Forwarding Address: _____

Attendance Effective Date: _____

Type of Change: _____

Billing Cycle Effective Date: _____

Tuition: Weekly Monthly

Address/Phone Number

Vacation: Dates: From: _____ to _____

Other

School Director _____

Contract Manager _____

Billing Manager _____

Classroom _____