

Discovery Learning Center

ABSENCE NOTIFICATION & SCHEDULE CHANGE REQUEST

Today's Date: _____

Child's Name: _____

Parent Name & Phone number: _____

TEMPORARY CHANGE REQUEST:

Day(s)/Date(s) Child will be absent _____

Day(s)/Date(s) Child requests to add ** _____

** (additional daily rate will be added to your tuition statement)

PERMANENT CHANGE REQUEST:

_____ ADD (day) _____

_____ DROP (day) _____

Effective Date for Permanent (add/drop) _____

Office Use Only:

Approved _____ Not Approved _____ Reason _____

Parent Notified _____ Wait List _____