

Schedule Change/Withdrawal Request Form

VATER SCHO					
Child's Name					
Child's ASP Site					
Current Schedule	Mon	Tue	Wed	Thurs	Fri
Please Circle Current Scheduled Days	3-6	3-6	12-3/3-6	3-6	3-6
Change Requested	Mon	Tue	Wed	Thurs	Fri
Please Circle NEW Requested Days	3-6	3-6	12-3/3-6	3-6	3-6
Change Start Date					
Withdrawal Date					
We understand that your to accommodate schedul added to your child's sche	le changes	_	-	<u> </u>	
In order for a block of tin from the program, we me remaining tuition payme fee.	ust enroll	another child.	Parents are still re	esponsible for t	he
Requests for schedule charequest carefully. This form	_	•	•	year. Please con	sider your
If you have any questions	please cal	l the ASP office	e @ 781-645-8199.		
Parent Signature:			Date:		

ASP Director Approval: ______ Date:_____

Administrative Approval: ______ Date: _____