Dr. Curtis Cain
*Superintendent of Schools*

Tanya Kirkpatrick, Ed.S
*Coordinator, Chautauqua Program*

# Chautauqua Program Change Form

Please submit this form to your facilitator two weeks prior to any adjustment in your child's school year schedule. If change is not submitted two weeks in advance your request cannot be guaranteed.

PLEASE COMPLETE AND RETURN TO THE CHAUTAUQUA STAFF. DO NOT BRING OR MAIL TO YOUR SCHOOL OFFICE.

Site: _____ Todays Date: _____

Parent's Name: _____
(Please Print)

| 1st Student Name: _____ | 2nd Student Name: _____ | 3rd Student Name: _____ |
|---|---|---|
| Indicate Change Requested: *(Ex. Changing from Full time Aftercare to M, W, F aftercare). Please be specific.* | Indicate Change Requested: | Indicate Change Requested: |
| Date change is to become effective:_____ | Date change is to become effective:_____ | Date change is to become effective:_____ |

Billing Responsible Parent's Signature_____ Date: _____

TO: Chautauqua Office FROM: Chautauqua Facilitator

Form received two weeks prior to the change: _____YES _____NO
Facilitator's Signature: _____ Date_____

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OFFICE ONLY
Date Recorded: Initial: