



Turtle River Montessori

CHANGE OF SCHEDULE/CLASS REQUEST FORM

Child: _____ Date Requested: _____

Current Schedule/Class: _____ Schedule/Room change to: _____

Teacher's Signature: _____ Class: _____

Parent's Signature: _____ Date: _____

Office Use Only

Approved By: _____ Date: _____
Administrative Director

Entered into ProCare: _____ Effective Date: _____*

Financial Administrator's Signature: _____

***Change of schedule billing adjustment will begin the first of the following month.**

