



FLEUR DE LIS SCHOOL  
established in 1929

**Change of Schedule Request**  
**2018-2019**

Child's Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

- A *minimum of 14 days notice* is required in writing to request changes to an existing schedule. All changes are based on classroom availability and the sole discretion of the Director.
- **PLEASE ENROLL MY CHILD IN:**

| Early Learners (EL 1 & EL 2)   | Preschool (PS 1 & PS 2) and Pre-K (Pre-K 1 & Pre-K 2)  |
|--|--|
| <input type="checkbox"/> 5 Full days/week- \$1,520<br><input type="checkbox"/> 3 Full days/week- \$1,135<br><input type="checkbox"/> 2 Full days/week- \$900<br>Please circle the days of the week: M T W TH F | <input type="checkbox"/> 5 Full days/week- \$1,450<br><input type="checkbox"/> 3 Full days/week- \$1,090<br><input type="checkbox"/> 2 Full days/week- \$865<br>Please circle the days of the week: M T W TH F |
| <input type="checkbox"/> 5 Half days/week- \$1,020<br><input type="checkbox"/> 3 Half days/week- \$860<br><input type="checkbox"/> 2 Half days/week- \$705<br>Please circle the days of the week: M T W TH F   | <input type="checkbox"/> 5 Half days/week- \$980<br><input type="checkbox"/> 3 Half days/week- \$820<br><input type="checkbox"/> 2 Half days/week- \$680<br>Please circle the days of the week: M T W TH F     |

**Other** (please specify days of the week and half/full day): \_\_\_\_\_

DATE THE CHANGE WOULD TAKE EFFECT: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRO-RATED TUITION COST: \_\_\_\_\_

*\*If your request is approved, we will contact you by phone and a debit or credit will be processed with your next tuition payment.*

Parent/Guardian: (print) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|   |  |
|---|--|
| <b>---- Fleur De Lis Office Use ONLY ----</b> |  |
| Received by (name): _____                     | on ____/____/____                                  |
| Check # _____                                 | Electronic Funds Transfer starting: ____/____/____ |