	☐ Office Copy	□ Client's Copy	☐ Acc	ountant's Copy
☐ Please waive	e \$20 schedule cl	hange fee: Adding	hours.	☐ Please Bill

LINGUA NATAL SUMMER 2017 CHANGE OF SCHEDULE REQUEST FORM						Today's Date:				
Student's Name:										
CURRENT SCHEDULE	6/26-6/30	7/03-7/07	7/10 - 7/14	7/17-7/21	7/24-7/28	7/31-8/04	8/07-8/11	8/14-8/18	8/21-8/23	
Language										
Program										
Days &										
Time										
REQUESTED SCHEDULE	6/26-6/30	7/03-7/07	7/10 - 7/14	7/17-7/21	7/24-7/28	7/31-8/04	8/07-8/11	8/14-8/18	8/21-8/23	
Language										
Program										
Days &										
Time										
Reason for Change										
Are you:	☐ ADDING ☐ DELETING ☐ CHANGING ☐ Hours ☐ Days ☐ Weeks ☐ Language ☐ Program									
Effective Change Date			•							
Comments										
Note: A \$20.00 SCHEDULE CHANGE REQUEST FEE is due at the time of your request submission										
Parent/Guardian Name (please print)										