# Oak Brook School

family owned since 2001

## Schedule Change Request

Child's Name: _____ Classroom: _____
First Last

Parent's Name: _____ Date: _____

Effective Change Date: _____

**CURRENT Schedule** *(Check days attending)*

☐ Full-Time ☐ M / W / F ☐ T / Th

**NEW REQUESTED Schedule** *(Check days attending)*

☐ Full-Time ☐ M / W / F ☐ T / Th

- The schedule change must be received in writing at least two calendar weeks prior to the desired change.
- Tuition changes reflecting the new schedule will be billed to your account. Please refer to the tuition schedule.

_____

Signature of Parent or Legal Guardian