

SUDBURY EXTENDED DAY
365 Boston Post Road, Suite 209
Sudbury, MA. 01776

Phone: 978-443-5829
Office@SudburyExtendedDay.org

Requests accepted as of Oct 1; Change effective Jan 1 or later
\$45 fee for each schedule change **Allow 3 days for processing**

SCHEDULE CHANGE FORM
(please complete a separate form for each child)

Child's Name: _____ Grade: _____

SED Site (circle one):

Curtis **First Parish** **Haynes** **Loring** **Nixon** **Noyes**

Requested Effective Date of Change*: _____ *Full Withdrawal*

	Current Schedule:					Requested Schedule:				
Early AM (K-8)	M	T	W	TH	F	M	T	W	TH	F
After School (K-8)	M	T	W	TH	F	M	T	W	TH	F

Parent Signature _____ Date: _____

Return to the SED Office via Email or Drop-off

*Effective Date of Change to be confirmed by the Office. Once confirmed, please remember to change the Sudbury Public Schools Transportation form at your child's school, and otherwise communicate the change to your child's teacher.

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OFFICE USE ONLY

Entered in FormConnect: _____ (Initials) Date Entered: _____

Current Fee: \$ _____ New Fee: \$ _____ Deposit Invoice
Change: \$ _____ Statement _____

Entered in QuickBooks/MT: _____ (Initials) Date Entered: _____

Notes: