

**SUDBURY EXTENDED DAY
P.O BOX 696
SUDBURY, MA. 01776**

**Phone: 978-443-5829
Fax: 978-440-8361
office@sudburyextendedday.org**

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

Child's Name: _____ Grade: _____

Date of Written Notice: _____

Please circle child's SED Site:

Curtis First Parish Haynes Loring Nixon Noyes

Effective Date Of Change: _____

ORIGINAL SCHEDULE:

NEW SCHEDULE:

Early AM (K-5) 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 THE SED OFFICE VIA EMAIL, FAX, DROPBOX at First Parish, OR
US MAIL**

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.

OFFICE USE ONLY

Current Fee: \$ _____

New Fee: \$ _____

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

Entered in Accounting: Yes No M.T. Date Entered: _____

New Statement Sent: Yes No Notes: