

Parental Request for Attendance Change

Child's Name: _____

School: _____

Please check one of the following:

_____ **Change of days attending**

Please check the days your child(ren) will now be attending:

___ M ___ T ___ W ___ Th ___ F

_____ **Changing from Part-time to Full-time**

Effective Date: _____

_____ **Changing from Full-time to Part-time**

Effective Date: _____

Please check the days your child(ren) will now be attending:

___ M ___ T ___ W ___ Th ___ F

_____ **Dropping the Program**

Effective Date: _____

Last day that your child(ren) will attend: _____

Parent Signature _____ Date _____

Director Approval: _____

Please email completed form to ESPRegistration@lexingtonky.gov

