



Schedule Change Request Form

Student: _____ Instructor _____

Current Information

Current Instructor	
Current Lesson Time	
Current Lesson Day	

Requested Change

Lesson Day Requested	
Lesson Time Requested	
Instructor Requested	
Reason For Request	

Parent Signature _____ Date _____

Instructor Signature _____ Date _____

Administrator Signature _____ Date _____

**This form must be completed and signed before a schedule change is confirmed.
Please return to the Admissions office!**