

Schedule Change Form

If your child will not be attending Infinite Success Academy & Life Skill Center, for 2 or more school days, due to Family Emergency, Vacation, or Illness, please fill out this sheet and return it to an administrator as soon as possible. If this sheet is not completed, your account will not be credited.

Please note, not all schedule changes will be accommodated if it affects the immediate needs of the center or students.

Student Name: _____ Date: _____

Class: _____

School: _____ Teacher: _____

Regular Attendance

Monday	Tuesday	Wednesday	Thursday	Friday

Schedule Change

Starting Date: _____ Ending Date: _____

Reason: _____

New Schedule *if applicable*

Monday	Tuesday	Wednesday	Thursday	Friday

Parent Signature: _____

Director Signature: _____