



A Nobel Learning Community

Montessori Country Day
Change / Addition Form

Today's Date: _____

Student's Name: _____ Current Class: _____

Type of change/addition (check applicable):

Withdrawal Reason for withdrawal: _____
Effective Date of withdrawal: _____

Stop Automatic Deduction (ACH)

Schedule/Classroom Change:

_____ From _____ to _____
(current schedule) (new schedule)

_____ Before School (7:00-8:30)

_____ After School : (3:30-6:30)

Check applicable day(s) of the week: _____Monday _____Tuesday _____Wednesday _____Thursday _____Friday

_____ Bus (available on a first come basis only to children who reside in the West Windsor-Plainsboro School District):
_____ 5 Day One Way _____ 5 Day Roundtrip

Other: _____

ALL CHANGES EFFECTIVE FROM THE BEGINNING OF THE NEXT MONTH.
FORM CANNOT BE SUBMITTED AFTER THE 15H OF THE PRECEEDING MONTH.

Request made by (print name): _____

Signature of Person Requesting Change: _____

FOR OFFICE USE ONLY

- Instructions to complete form:
- 1. Check appropriate information below parent portion. If withdrawal, make sure parent completes "reason for withdrawal." The "effective date of withdrawal" and "effective date of change" should be the same.
 - 2. Changes to classroom and schedule must have site director approval.
 - 3. Complete "Other Information" with details, such as, "Stop ACH", "No refund on enrollment", or any other information pertaining to the change or addition.

_____ Automatic Deduction _____ Check _____ Schedule/Classroom Change

	<u>From</u>	<u>To</u>	<u>Difference</u>
Classroom			
Schedule			
Extended Hours/Bus			
Enrollment Fee			
Monthly Tuition			
New Monthly Tuition			
Additional change			
Total Change Amount			

Check No. _____

Other Information (stop ACH, no refunds on enrollment, etc.): _____