

Change of Lesson Form

Student Name: _____

Name of Person to Contact: _____

Phone number: _____

Current Lesson Day: _____

Current Lesson Time: _____

Current Teacher: _____

Desired Lesson Day: _____

Desired Lesson Time: _____

Desired Teacher: _____

Desired Effective Date: _____

*Please Note: By filling out this form it does not guarantee that you may switch your lesson. Any change in schedule MUST be approved by the front office before it becomes effective.

-----Office Use Only-----

Approved : _____

Student notified: _____

Effective: _____

Timesheet Change: _____

Schedule Change: _____