



Rocking Horse Academy

Request For Change In Enrollment Status

CHILD'S NAME: _____

CURRENTLY ENROLLED: FULL TIME- MWF-TTH (PLEASE CIRCLE ONE)

CURRENT CLASS OR TEACHER NAME(S): _____

Please indicate, in writing, the type of change you are requesting. Include the date you wish the change to occur.

CHANGE ENROLLMENT TO: FULL TIME-MWF-TTH (PLEASE CIRCLE ONE)

DATE CHANGE IS TO OCCUR: _____

Parent Signature

Office Use Only

Notes:

Date Rec'd: _____

Staff Initials: _____

Approved: Yes/No

Date Action Taken: _____