



Program Change Request Form

Request to change from Full Time Student to Connections Student

This form is being initiated by _____

Relationship to student _____

Student's Name _____ Student's grade _____

Date change is requested: _____

Date form was initiated: _____

General guidelines:

1. Requests for a change in program are generally only approved in exceptional circumstances.
2. In most cases, the change should only take place at the beginning of a semester to be less disruptive to the class, teacher and student.
3. It should be understood that this change request would change the financial agreement that was signed and will have a negative fiscal impact for CCA. As outlined in the financial agreement, the full amount of the agreement is due unless the Board of Directors agrees to change your agreement.
4. An additional \$200 Administration fee will be added to the amount due.

Reason for change: (use extra paper if necessary)

Parent's Signature _____ Date _____

-----Office Use-----

Received on _____ Reviewed by Board _____

Outcome: