Mary Linsmeier SchoolsSCHEDULE CHANGE/WITHDRAWAL NOTICE

d's Name (first & last):				Center:			
ent's Name (first & last):				Date:			
Infant/Toddler			ained 🗆	l Preschool	☐ Grade Scho		
Schedule Chang Up to two chang		ile and paymo	ent plans in a tv	welve month	period will be	at no ch	
Old Schedule From:	<u>Monday</u>	Tuesday	<u>Wednesday</u>	Thursday	<u>Friday</u>		
То:							
New Schedule From:							
То:							
<u>Transportation</u>	one-way two-way	one-way two-way	one-way two-way		one-way two-way		
Additional chan	-						
Withdrawal no	<u>tice:</u> 🖵 Ter	mporary Wit	hdrawal 🗖 Pe	ermanent Wi	thdrawal		
ou must give a wr not given, you wi							
st day your child	will attend: _						
ease let us know	your reason	for withdraw	ing:				
arent's Signature:				Director's Initials:			