

Preschool or Kindergarten Session Change Request

Student Name: _____

Home Address: _____

Parent (s) Name: _____ Contact Phone Number: _____

Signature: _____

Geographic Assignment: AM O PM O Preschool _____ Kindergarten _____
 Requested Assignment: AM O PM O

Reason for request: _____

STUDENTS IN SESSIONS OPPOSITE THEIR GEOGRAPHIC ASSIGNMENT WILL NOT BE ABLE TO UTILIZE OUR MASON YELLOW BUS SERVICE AT MIDDAY (for example):

AM TO PM CHANGE: MIDDAY PICK UP FOR PM KINDERGARTEN AT A GEOGRAPHIC AM ADDRESS WILL NOT BE ALLOWED

PM TO AM CHANGE: MIDDAY DROP OFF FOR AM KINDERGARTEN TO A GEOGRAPHIC PM ADDRESS WILL NOT BE ALLOWED

STUDENTS ATTENDING MASON DAYCARE WHICH RECEIVE OR PROVIDE BUS/VAN SERVICE BOTH AM AND PM MAY HAVE MIDDAY TRANSPORTATION

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
PICK UP / DROP OFF LOCATION:	Pick Up	Drop Off	Pick Up	Drop Off	Pick Up	Drop Off	Pick Up	Drop Off	Pick Up	Drop Off
HOME										
CAREGIVER (please list address/phone):										
	DO NOT WRITE IN SHADED AREAS									
SHARED PARENTING:										
MOTHER										
FATHER										
WALKER / CAR RIDER:										

Please Note: Student must be fully registered before request is considered.

Request Approved: _____ Request Denied: _____ Date: _____ Initials: _____