

Discovery Learning Center

STUDENT ABSENCE NOTIFICATION & SCHEDULE CHANGE REQUEST

Today's Date: _____

Child's Name: _____

Parent Name _____

Phone number: _____

TEMPORARY CHANGE REQUEST:

Day(s) Child will be absent _____

Day(s) Child needs to add _____

PERMANENT CHANGE REQUEST:

_____ ADD (day) _____

_____ DROP (day) _____

Effective Date for Permanent (add/drop) _____

Office Use Only:

Approved _____ Not Approved _____ Reason _____

Parent Notified _____ Wait List _____