

Proposed Change of Lesson Day and Time

School Location: _____ Lesson Day: _____ Time: _____

Teacher: _____

Date of lesson to be changed: _____

Rescheduled Date: _____ Rescheduled Time: _____

Permanent / Temporary / Make-up (circle)

Student's Name	Rescheduled Lesson		Parent's Signature	Office Use Only
	Will attend	Unable to attend		

Please note:

- Parents who indicate their availability to attend the rescheduled lesson will be charged for the lesson (whether they actually attend or not).
- The rescheduled lesson will proceed subject to sufficient students being able to attend. Your teacher will confirm this with you.