



Rocking Horse Academy

Request For Change in Enrollment Status

Updated (staff initial)

Computer _____

Roster _____

Teacher _____

Parents _____

Child's Name _____

Currently Enrollment Full time MWF T TH

Current Class _____ Teacher _____

Please indicate in writing the change you are requesting. Include the date you wish the change to occur.

Change Enrollment to Full time MWF T TH

Requested Change Date _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date Submitted _____ Contact Number _____

Please note that Change in Enrollment is by approval of the Director only and based on classroom availability.

Approved Yes No

Notes _____

Staff Signature _____ Date Received _____