

Change requests for class day/time must be done in writing. They will be processed two weeks after classes start for available sessions.

Change of Class Time REQUEST FORM
for Parish School of Religion Classes

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|-------------------------|
| Date Rec'd in FF Office |
|-------------------------|

Name of Person Requesting Change _____

Relationship to Student _____

Phone Number of Person Requesting Change _____

I am authorized to change this (these) student's class schedule _____
(authorized parent/guardian's signature)

| Name of Student | Grade | Day & Time of Current Class | Day & Time of Requested Class | Reason for Request |
|------------------------|--------------|--|--|---------------------------|
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