



Program Change Request Form

For planning purposes, Greensboro Montessori School assumes a family's Toddler or 3- or 4-year-old Primary student will maintain the same school-day schedule as they currently enjoy. For instance, if a student is currently enrolled in an Academic-Day program ending at 3 p.m., the School is planning for them to remain in an Academic-Day program for the upcoming school year. However, if a family's needs are different and they would like to change their student's program, either midyear or at the start of a new school year, a Program Change Request Form should be submitted to the Admission Office as soon as possible.

1) This Program Change Request is being submitted for:

a midyear, immediate change effective _____ / _____ / _____
Month Date Year

the upcoming 20____-____ school year

2) The name and birthdate of the student for which this request applies:

Name: _____

Birthdate: _____ / _____ / _____
Month Date Year

3) The requested program:

Options for Toddlers (18 months to 3 years old)

Half Day

8:15 a.m. to 12 p.m.

Three Days (Tues., Wed. and Thur.)

Five Days (Mon. through Fri.)

Academic Day

8:15 a.m. to 3 p.m.

Three Days (Tues., Wed. and Thur.)

Five Days (Mon. through Fri.)

All Day (Five Days Only)

7:30 a.m. to 6 p.m.

Five Days (Mon. through Fri.)

Options for 3- and 4-year-old Primary students (Five Days Only)

Half Day (8:15 a.m. to 12 p.m.)

Academic Day (8:15 a.m. to 3 p.m.)

Pending availability, does your 3- or 4-year-old Primary student need a space in the Primary napping room? Yes No

Please note, if your 3- or 4-year-old Primary student needs before- or after-school care (or both), please reference our Extended Care information sheet.

Signature(s)

I/We understand that changes to my/our child's enrollment status are subject to availability. Upon approval of this Program Change Request, this document will become an addendum to my/our Enrollment Agreement.

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

OFFICE USE ONLY

Date Received: _____

Date Approved: _____

Date Communicated to Family: _____

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www.gms.org