

Acton-Boxborough Regional School District
Extended Day Community Education

Child's Name _____ Grade: _____ Child's Name _____ Grade: _____

Child's Name _____ Grade: _____ Child's Name _____ Grade: _____

New Student

Current Student:

Date of Written Notice: _____

Extended Day Program: Admin; Blanchard; Conant; Gates; PDB

(please check the program you child/ren are in)

SCHEDULE

	ORIGINAL SCHEDULE	NEW SCHEDULE
AM	M T W TH F	M T W TH F
PM	M T W TH F	M T W TH F
AM/PM	M T W TH F	M T W TH F

EFFECTIVE DATE OF CHANGE WILL ALWAYS BE FOR THE FOLLOWING MONTH

WITHDRAWN from Extended Day Program EFFECTIVE DATE: _____

Parent Signature: _____ Date: _____

OFFICE USE ONLY

Effective Date of Change: _____

Current Fee: \$ _____ New Fee: \$ _____

Effective Date of Billing Change: _____

Entered in PowerSchool: YES No Date Entered: _____

Entered in EZcar2: YES No Date Entered: _____

Administration Fee: YES No Date Entered: _____

Routing: Front Office _____ Classroom Teacher _____