

Comments:

Program Change Request Form

Program change request from ALL programs at Classical Christian Academy

This form is being initiated by:		Relationship to student:
Studen	nt(s) Name:	
Studen	nt(s) grade:	
Date change is requested:		Date form was initiated:
Please i	ndicate which program you will be changing:	
	 □ Another Program to Full Time Hybrid Student □ Hybrid Student to Flex Student (on/off campus □ Hybrid Student to Guest Student - \$200/stude □ Hybrid Student to ½ Day Programs- \$200/stude □ Other: 	s) - \$200/student; \$400 max nt; \$400 max dent; \$400 max
Before ı	request can be considered:	
	Until you have met with Administration and obtained their invoicing will continue until that date.	signature, the Program Change is not considered finalized and
	Administration's Signature:	Date:
1.	Requests for a change in program are generally only app	proved in exceptional circumstances.
2.	In most cases, the change should only take place at the beginning of a semester to be less disruptive to the class, teacher, and student.	
3.	This Change Request is changing the Financial Agreement that was signed and will have a negative fiscal impact for CCA. As outlined in the Financial Agreement, the full amount of the agreement is due unless the Board of Directors agrees to change your agreement. After December 1st, CCA is unable to fill your student's seat. Therefore, the Board will not adjust or waive your Financial Agreement.	
4.	An additional \$200 Program Change Fee per student with amount due.	a maximum of \$400 per family will be added to your account
Reaso	n for change: (use extra paper if necessary)	
Parent's Signature:		
Business Manager Signature:		
Principal Approval Signature:		Date: