



# Good Earth Farm School Withdrawal Notice/ Schedule Change Request

Child's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Current Schedule: \_\_\_\_\_

### Withdrawal Notice:

- Parents/guardians will be required to give a minimum of 30 days' notice to terminate enrollment.
- The last day of attendance/notice/tuition billing will be the last day of a full month. Ex. notice given on January 15 would mean that the Preschool Tuition Contract would be terminated effective February 28.
- Parents/guardians will be responsible for paying the tuition during the notice period even if the child does not attend school during that month.

My child's last contractual day at Good Earth Farm School will be (last day of the month, at least 30 days from date of notice): \_\_\_\_\_

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### Change of Schedule:

- Requests must be recorded on a Withdrawal Notice/Schedule Change Request form.
- All requests require at least 30 days' notice.
- All requests are subject to availability. There could be a wait for a desired schedule.
- All families may make one free schedule change per six months. Additional changes within the 6-month period will incur a \$150 fee. Ex. A request to reduce schedule for travel for one month then a request to increase schedule after travel for one month counts as two events/changes and would cost \$150.
- Changes in schedule must be for at least one calendar month and may not begin/end except at the beginning/end of a month.

### Change to (circle):

**Regular Hours**  
(8:15 AM – 3:15 PM)

- 2 days, T/Th
- 3 days, M/W/F
- 5 days, M-F

**Extended Hours**  
(7:15 am – 5:15 pm)

- 2 days, T/Th
- 3 days, M/W/F
- 5 days, M-F



## Good Earth Farm School Withdrawal Notice/ Schedule Change Request

Last day of current schedule: (last day of the month, at least 30 days from date of notice):

\_\_\_\_\_

If known, date requested to return to current schedule: \_\_\_\_\_

Parent/Guardian (print): \_\_\_\_\_

Parent/Guardian (signature): \_\_\_\_\_

Parent/Guardian (print): \_\_\_\_\_

Parent/Guardian (signature): \_\_\_\_\_

**For Office Use: \*\*\*\*\* For Office Use:**

Date received: \_\_\_\_\_

EZCare updated: \_\_\_\_\_

Change Fee required (\$150) \_\_\_\_\_

Approved?: \_\_\_\_\_

How many changes current calendar year? \_\_\_\_\_