

PROGRAM/TIME CHANGE FORM

COMPLETE THIS FORM IF STUDENT HAS SUBMITTED APPLICATION & IS ACCEPTED FOR THE 19/20 SCHOOL YEAR.
AFTER THE SCHOOL YEAR BEGINS, PLEASE USE THE DETAILED SCHEDULE CHANGE FORM

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

Student FULL LEGAL Name:

Student Date of Birth:

Home High School:

NEW Program:

Time Frame Preference**:

MORNING SESSION

AFTERNOON SESSION

Campus of Preference:

MAIN CAMPUS

EAST CAMPUS

Parent Signature (under 18 years of age):

HS Counselor Signature—

**Required if changing time frame

EVIT OFFICE USE ONLY:

Comments:

EVIT Counselor Approval Initials: _____ Date: _____

Entered into PS & Tracking Initials: _____ Date: _____

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