

NUTLEY BOARD OF EDUCATION
EXTENDED DAY PROGRAM

CHANGE OF DAYS, WITHDRAWAL OR RESTARTING THE PROGRAM FORM

Must be submitted at least **two weeks prior** to the requested change date.

CHILD/CHILDREN'S NAME: _____

SCHOOL: _____ **GRADE & TEACHER:** _____

Session/Days child/children **currently** attends:

A.M. only _____ P.M. only _____ A.M./P.M. _____

Days: 5 days ____ 3 days ____ (circle which days—Mon. Tues. Wed. Thurs. Fri.)

I. **Change to:** _____ Date change will start: _____

A.M. only _____ P.M. only _____ A.M./P.M. _____

Days: 5 days ____ 3 days ____ (circle which 3 days—Mon. Tues. Wed. Thurs. Fri.)

II. **Withdraw** from Extended Day _____ Date no longer attending: _____

III. **Restart** Extended Day: _____ Date restarting: _____

A.M. only _____ P.M. only _____ A.M./P.M. _____

Days: 5 days ____ 3 days ____ (circle which 3 days—Mon. Tues. Wed. Thurs. Fri.)

Additional information : _____
(if needed)

Parents/Guardian Signature: _____ Date: _____

Phone number where parent/guardian can be reached: _____

Submit completed form to your Extended Day Supervisor or email: rgriesbach@nutleyschools.org

Office only

Signature of Extended Day Supervisor: _____ Date: _____

Signature of Extended Day office personnel: _____ Date: _____