

Date:

**BEFORE & AFTER SCHOOL PROGRAM  
CHANGE OF DAYS REQUEST**

**\* Must stay within your current programmed days\***  
**(Fax #: 732-607-4813 or email AfterSchool@oldbridge.com)**

(Please Print clearly & include First & Last Names of Student & Parents)

**Students Name:** \_\_\_\_\_

**Program Site:** \_\_\_\_\_  
(School Attending)

**Effective Change to Begin On:** \_\_\_\_\_

**Program Currently Enrolled:** \_\_\_\_\_  
(Circle Program Choice & Days)

**Program Choice**

**Before School** Day(s) M T W Th. Fri

**After School** Day(s) M T W Th. Fri

**Before & After** Day(s) M T W Th. Fri

**Middle School** Day(s) M T W Th. Fri

**Days to be Changed to:**  
(Circle Program Choice & Days)

**Program Choice**

**Before School** Day(s) M T W Th. Fri

**After School** Day(s) M T W Th. Fri

**Before & After School** Day(s) M T W Th. Fri

**Middle School** Day(s) M T W Th. Fri

**Name of Parents/Guardian:**

**Signature:** \_\_\_\_\_

