



Suite 101, 57 East Main Street, Westborough, MA 01581

(508) 366-9288

eBridge Montessori School Student Schedule Change Request Form

Instruction:

Parents must submit the request form at least two weeks BEFORE the projected starting date. Any schedule change must be approved by the school administrator based on space availability, children's age and readiness.

Student's Last Name _____ First Name _____ Middle Name _____

Age _____ Date Of Birth _____ Date of Admission _____

Home Address _____

City _____ State, Zip Code _____ Home Phone _____

Father or Guardian's Name _____ Cell Phone _____

Email _____ Business Phone _____

Mother or Guardian's Name _____ Cell Phone _____

Email _____ Business Phone _____

Please choose from the following options:

- Current Program _____
- Add a New Program _____
- Withdraw from Program _____
- Desired Starting Date _____
- Desired Ending Date _____

Do you have any tuition due? Yes No If Yes, please specify _____

Do you expect any tuition refund? Yes No If Yes, please specify _____

Please specify the reason to change schedule _____

Please let us know your experience in eBridge Montessori School

Parent/Guardian Signature

Date

For Internal Use: School Decision _____ Reason _____
Effective Date _____ Tuition Updated? Yes No Staff Signature _____