



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 \_\_\_\_\_