

Mandeville Music School

REQUEST FOR CHANGE

Student Name: _____ Course: _____

Teacher Name: _____ Date: _____

Change of Course Day & Time

Effective (Date): _____

From: _____ (day)

To: _____ (day)

_____ - _____ (time)

_____ - _____ (time)

Change of Lesson's Duration

Effective (Date): _____

From: _____ (day)

To: _____ (day)

_____ - _____ (time)

_____ - _____ (time)

_____ (duration)

_____ (duration)

Change of Teacher

Effective (Date): _____

To: _____ (new teacher)

_____ (day)

_____ - _____ (time)

Requested By:

Agreed by:

Signature of Parent/Guardian/Student

_____/_____
(previous) (new)
Signature of Teacher

Schedule Updated By:

Signature of Staff

- Update Acctron
- Update Booking
- Inform Teachers
- Update Schedule
- Update Student Card