

### CHANGE OF PLACEMENT REQUEST FORM

**Child’s Name:**

**Date of Birth:**

**Current Room:**

**Current Placement: (please tick below)**

|  |  |  |
| --- | --- | --- |
| Monday | AM | PM |
| Tuesday | AM | PM |
| Wednesday | AM | PM |
| Thursday | AM | PM |
| Friday | AM | PM |

**Requested Placement: (please tick below)**

|  |  |  |
| --- | --- | --- |
| Monday | AM | PM |
| Tuesday | AM | PM |
| Wednesday | AM | PM |
| Thursday | AM | PM |
| Friday | AM | PM |

**From when?**

**Any other information:**

**Signature: Date:**

**Please sign and return to Reception. Thank you.**