Class Change Request

Date: _____

Student Name: _____ ID# _____

Grade Level: _____   Birth Date: _____

Change 1 - $20 Fee

From Class: _____

To Class: _____

Reason: _____

Difference Owed AEF $ _____   Refund to Parent $ _____

Change 2 - $20 Fee

From Class: _____

To Class: _____

Reason: _____

Difference Owed AEF $ _____   Refund to Parent $ _____

Please Check the Box Below:

Paid by: ___ Credit Card (On File) #_____   ___ Cash   ___ Check # _____

Parent's Name (Please Print): _____

Phone # _____

AEF Office Use Only

Change Approved By _____   Date _____

Total Change Fee(s) $_____   Total Difference Owed to AEF $_____

Total Refund to Parent $_____

Refunded By: _____ Credit Card (On File) #_____ Check # _____