



Class Change Request

Date: _____

Student Name: _____ ID# _____

Grade Level: _____ Birth Date: _____

Change 1 - \$20 Fee

From Class: _____

To Class: _____

Change 2 - \$20 Fee

From Class: _____

To Class: _____

Please check box below:

Pay by: Credit Card (on file) Check Cash

Parent Signature: _____

Phone # _____

AEF Office Use Only

Change Approved by _____ Date _____

Total Amount of Change Fee \$ _____