

Clinton-Massie Elementary

2556 Lebanon road

Clarksville, Ohio 45113

KINDERGARTEN SESSION CHANGE REQUEST FORM

Student Name: _____

I am requesting my child be placed in the following kindergarten session:

AM PM

Reason for request:

Parent/Legal Guardian Name: _____

Address: _____

Daytime Phone: _____

Parent/Legal Guardian Signature

Date

****Please note: requesting a specific session does not guarantee placement in that session. Students will only be approved to switch sessions if a balanced class size can be maintained and provide subsequent transportation only as available.**

Request approved _____ Request denied _____ Date: _____ Initials _____