

# NOTIFICATION OF CHANGES TO ATTENDANCE

CHILD DETAILS			
Family name		Given name	
Preferred first name		Date of birth	

ENROLMENT DETAILS					
Change of enrolment start date					
Days the child currently attends	Monday	Tuesday	Wednesday	Thursday	Friday
BSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Days of attendance requesting	Monday	Tuesday	Wednesday	Thursday	Friday
BSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School child previously attended.					
Name of New School					
Reason for changes to attendance:					

Families are required to provide **2** weeks' notice of their intention to change days of attendance. To provide notice of termination of care please complete a *Termination of Enrolment Form*.

Parent/Guardian name		Date	
Parent/Guardian signature			

Nominated supervisor name		Date	
Nominated supervisor Signature			