

## EDP Billing Change Request

**This form must be turned into the office by the 15<sup>th</sup> of the month.  
Changes will not be effective until the 1<sup>st</sup> of the following month.**

Name of Student(s): \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

My child/children are *currently enrolled in*:

\_\_\_\_\_ EDP Part Time (Dismissal – 4:30 every day)

\_\_\_\_\_ EDP Full Time (Dismissal – 6:00pm every day)

I would like to *change to*:

\_\_\_\_\_ Remove my child from the EDP program

\_\_\_\_\_ EDP Part Time (Dismissal – 4:30 every day)

\_\_\_\_\_ EDP Full Time (Dismissal – 6:00pm every day)

Today's date is \_\_\_\_\_. I understand that the billing change  
will not be effective until the 1<sup>st</sup> of \_\_\_\_\_.  
(Next Month)

Printed Name of Parent: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_