

SAC Schedule Change Form



Please place a check for each day and each session you wish to use the program for the corresponding week. A minimum schedule of 2 sessions/week is recommended.

Student's Name: _____

School: _____ Today's Date: _____

Please call the office @ (248) 726-3023 should you need assistance completing your monthly schedule change form.

Billing & Scheduling Period: January 2-February 1
Schedule Change Deadline: December 18 (by 5PM)

	mon	tues	wed	thurs	fri
Week of	12/31	1/1	1/2	1/3	1/4
Dec. 31, 2018					
AM					
PM					

	mon	tues	wed	thurs	fri
Week of	1/7	1/8	1/9	1/10	1/11
Jan. 7, 2019					
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	mon	tues	wed	thurs	fri
Week of	1/14	1/15	1/16	1/17	1/18
Jan. 14, 2019					
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	mon	tues	wed	thurs	fri
Week of	1/21	1/22	1/23	1/24	1/25
Jan. 21, 2019					
AM		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	mon	tues	wed	thurs	fri
Week of	1/28	1/29	1/30	1/31	2/1
Jan. 28, 2019					
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>