

# TEAMS 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: February 4 - March 1**  
**Schedule Change Deadline: January 29 (by 5PM)**

	mon	tues	wed	thurs	fri
Week of	2/4	2/5	2/6	2/7	2/8
<b>Feb. 4, 2019</b>	I <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	II <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	mon	tues	wed	thurs	fri
Week of	2/11	2/12	2/13	2/14	2/15
<b>Feb. 11, 2019</b>	I <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	II <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	mon	tues	wed	thurs	fri
Week of	2/18	2/19	2/20	2/21	2/22
<b>Feb. 18, 2019</b>	I <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	II <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	mon	tues	wed	thurs	fri
Week of	2/25	2/26	2/27	2/28	3/1
<b>Feb. 25, 2019</b>	I <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	II <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>