



Kindergarten 2025

Request for Specific Days

Please note that while every attempt will be made to accommodate your needs, we are unable to guarantee that you will receive the days you have requested.

I _____ would like to request that my child

Parent/Guardian Name

_____ attend Kindergarten on the following days if they are available.

Student Name

(Please circle option A,B or C)

Option A: Monday/Thursday/Alternate Wednesday

Option B: Tuesday/Friday/Alternate Wednesday

Option C: No preference required

The reason for my request is

Medical

Other contributing factors

Please list any extraordinary factors for your request

I acknowledge that although every attempt will be made to accommodate my request, there is no guarantee that I will receive the days that I have requested.

Signed: _____
Parent/Guardian Signature

Date: _____