



366 E Brundage Street, PO Box 6351  
Sheridan, WY 82801  
307-673-0403 Phone  
307-673-0753 Fax

## STUDENT SCHEDULE AND INFORMATION UPDATES

*Due by the 15<sup>th</sup> of the month prior*

TODAY'S DATE \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

### Planned Absences

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### Request for Additional Days for Consideration

Please list the date and indicate AM or Full Day  
You will be notified of approval after the billing for the month. If approved, the additional days will be billed separately. No schedule change fee will be charged as long as the request is submitted prior to billing for the month.  
(Note: Adding a day after billing includes a \$15 change of schedule fee.)

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### Any Recent Changes to (circle and not in comments):

Contact Information	Yes	No
Immunization Updates	Yes	No
Authorized Drop Off/Pick Up	Yes	No

### Additional Information or Comments for First Light

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### Parent Signature

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<b>Office Only</b> Entered by: _____ Date: _____ Email: _____ Phone call: _____
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