

**American Martial Arts Academy Learning Center
Program Change and Vacation Notification Form**

Program Change

Please indicate the old program pattern and then below indicate the new desired change. Please remember that all changes are subject to approval. Consideration is taken to insure that program ratios are maintained for classrooms and transportation.

Student Name _____ Grade _____ School _____

Current Program: M T W TH F

New Program: M T W TH F

Parent Signature _____ Date _____

Vacation Notification

This is to inform you that we will be on vacation starting _____ and returning on

_____.

Our child will be back on the normal route to be picked up from school beginning _____.

Parent Signature _____ Date _____

For Office Use Only

Approved _____ Date _____ Transportation Log Noted _____

3 Copies: ___ Original in Student File ___ Driver Book ___ Parent

MAS Note Log updated _____ Date _____