



Centerville Campus
4200 Alder Ave
Fremont, CA 94536
(510) 793-8531

Status Change Form

Date Submitted: _____

Group: A B C

Child's Name: _____

Parent's Name (s): _____

ADD Child's Date of Birth: _____ Group: _____ Start Date: _____

DROP Original Start Date: _____ 2 Weeks Notice Given? Y / N Last Class Date: _____

LEAVE OF ABSENCE From: _____ To: _____

Reason: (circle one) Medical (attach doctor's note) / Maternity / Personal / Other (specify) _____

GROUP CHANGE (requires both Directors' approval) From: _____ To: _____

WORKDAY CHANGE From: _____ To: _____

ADDRESS CHANGE _____
(new street address, city, zip)

PHONE NUMBER CHANGE (indicate if home/work/cell) _____

EMAIL CHANGE _____

Do not write below this line. For Official FPNS use only.

FPNS REQUIREMENT STATUS	Number Required	Number Completed
Parent Education/Nighttime Split Meetings	_____	_____
Committee Requirement	_____	_____
Maintenance Requirement (4 hours)	_____	_____
Fundraising Requirement (3 hours)	_____	_____
Classroom Participation (Workdays)	_____	_____

Tuition Current? Yes / No, amount due: _____

Performance Deposit Amount Paid _____ Refund Due? Yes, amount of refund: _____
No, letter of explanation attached

Membership Dues Amount Paid _____

School Keys Returned? Yes / No / Not Applicable

Comments: _____

Approved by President or Vice President of Membership (signature) _____

Date Approved: _____