

# YEP STUDENT STATUS CHANGE FORM

## Youth Enrichment Program

Today's Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Student's Name: \_\_\_\_\_

School of Attendance: \_\_\_\_\_

**What is the change:** (goes into effect the following month if it's after the 1<sup>st</sup> of current month.)

Full-time/Part-time\_\_\_\_\_ Part-time/Full-time\_\_\_\_\_

From School\_\_\_\_\_ To School\_\_\_\_\_

Effective Change Date: \_\_\_\_\_

\_\_\_\_\_

## Youth Enrichment Program

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