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 1st 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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Email: Enrollment@yep-la.org