

**CAJON VALLEY UNIFIED SCHOOL DISTRICT
FEE ADJUSTMENT FORM**

School Site: _____

Parent Name: _____

Phone: _____

Children: First: _____

Grade: _____

Second: _____

Grade: _____

Third: _____

Grade: _____

After the 1st program change, a \$15 fee will be applied per occurrence within a school year.

REQUEST RATE CHANGE:

Effective Date: _____

Current Enrollment Type: _____
(i.e. AM/PM, PM Only)

New Enrollment Type: _____

New Monthly Fee: _____
(Refer to monthly fees on registration form)

LATE PICK-UP FEES:

I was _____ minutes late picking up my child(ren) on _____
Date

The fee for late pick-up is \$1.00 per minute for 1st 15 minutes, \$2 per minute thereafter:

_____ + _____ = _____ (to be billed on statement)
Amount @ \$1.00 Amount @ \$2.00 Amount Due

WITHDRAWAL FROM EXTENDED DAY PROGRAM (Two week notice is required):

Parent will be responsible for payment for two weeks from the date the form is signed.

Last Day of Participation in the Extended Day Program: _____

RETURN DURING SAME SCHOOL YEAR (Program fees must be paid in full prior to student returning):

Return Date: _____ Enrollment Type: _____ Monthly Fee: _____
(i.e. AM/PM, PM Only) (Refer to monthly fees on Brochure)

**VACATION REQUEST ~ One week maximum per school year. Fees will be prorated for 5 consecutive days only.
(Two week notice is required)**

Dates of Absence: _____
Beginning Date Ending Date

Parent Signature Date Lead Signature Date
White-Billing Yellow-School Site Pink-Parent