Modification Request Form

Please complete this form and return to your School Leader if your child needs assistance and/or modifications in order to fully participate in this school's programs and services.

School Information – to be completed by School				
School Name		School Leader		
School Number	School Address			
Student & Family Information – to be completed by Family				
Child Information				
Name	Preferred Name		Date of Birth	
Gender	Pronouns		Grade/Program	
Family Information				
Parent/Guardian Name		Relationship to Child		
Email Address		Phone Number		
Parent/Guardian Name		Relationship to Child		
Email Address		Phone Number		
Requested Start Date for Child				
Describe the reason for the requested modification and any limitation caused by it				
Requested Modifications to Policies, Practices or Procedures Attachments				
1.		Please list and attach related documentation, if any. 1.		
2.		2.		
3.		_		
☐ Check here if there are additional requests. Please use the Attachment Form.		3.		
Parent/Guardian				
Signature		Date		
Parent/Guardian				
Signature		Date		
To be completed by School: Date Request Received Name of Person who Received Request				

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¹ Please note that you may redact any sensitive personal information contained therein, including information on family members (such as medical history or genetic information regarding siblings, parents or guardians) so long as that information is unrelated to the request for modification. If you wish to provide information found in an Individualized Family Service Plan ("IFSP") or Individualized Educational Plan ("IEP"), you may provide only the portions of the document that relate specifically to the modification(s) requested.

Modification Request Form - Attachment

School Number	Child Name		
Requested Modifications to Policies, Practices or Procedures Please number your requests	Attachments Please list and attach related documentation, if any		
To be completed by School:			
Date Request Received	Name of Person who Received Request		