

WALL TOWNSHIP PUBLIC SCHOOLS

Office of the Wrap-Around Program 925 17th Ave. Wall, NJ 07719

Mintaz Shah-Hosein Wrap-Around Program Supervisor

2023-2024

Phone: 732.556.2604

Email:mshahhosein@wallpublicschools.org

2023-2024 Wrap-Around Schedule Change/Withdrawal Request Form

Child's Name		
Child's School		
Current Schedule		
*Please List Current Scheduled Days & Note AM or PM care		
Change Requested		
*Please List <u>NEW</u> Scheduled Days		
Change Start Date		
Withdrawal Date		
Wrap-Around Program 30 days pr Change in Attendance Policy Any changes to your child's Wrap-	first of the month. Withdrawal forms must be received by the ior to the first of the month in order to receive updated tuition. Around schedule are effective within 3 business days of reques accepted throughout the school year. Please consider your ormal process.	on. uest.
Please return this form to the office or email to egray@wallpublicscho	e of the Wrap-Around, Attention:Wrap-Around Program Supols.org.	oervisor via mail
Parent/Guardian Signature	Date:	
Program Secretary Signature	Date	
Program Supervisor Approval	Date:	



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