



ACDS Student Request Form Change of Status and Information

Atonement Christian Day School
909 E Main St
Barrington, IL 60010
(847) 382-6360
acds@churchofatonement.org

Student Name: _____ **Date:** _____

Current Program/Class: _____

Information Update:

Phone Number: _____ Email: _____

Authorized Pick Up:

Name: _____ Relationship: _____

Phone Number: _____

Other: _____

Change of Status:

_____ **Change:** I would like to change my current enrollment. I understand that this request will only be accommodated if there is availability. I also understand that the request may take up to 30 days to change the enrollment status and update the billing of the requested enrollment.

Current Program and Attendance Schedule: _____

Requested Change: _____

Requested Effective Date of Change: _____

_____ **Hold:** I would like to place my enrollment on hold for the summer only, June 2nd – August 8th. I agree to pay the hold fee of \$150 if the request is not submitted prior to March 1st. I understand if I would like to attend select weeks of summer, I will pay the designated summer rate which differs from the yearly tuition rate. I understand this request must be made 60 days in advance or I will be liable for the tuition for 60 days from the date of my request regardless of student attendance. I also understand that if I do NOT submit registration and pay the registration fee prior to the hold, my placement in the fall of 2025-26 is not guaranteed.

_____ **Withdraw:** I would like to withdraw from my current program. I understand that this notice must be given 60 days in advance. I agree to pay all tuition prior to withdrawal regardless if my child is in attendance or not. I understand this request must be made 60 days in advance or I will be liable for the tuition for 60 days from the date of my request regardless of student attendance.

Requested Date of Withdrawal: _____

_____ **Promote:** My child will be aging out of programming at ACDS and will enroll in kindergarten in the fall. I intend for my student to participate in the end of the year celebration at ACDS in May. I understand my billing continues through August 15th unless early withdrawal is indicated above.

_____ **Not Returning** My child will not be returning to ACDS for the 2025/26 school year and will be billed through August 8th.

Parent Signature: _____ **Date :** _____

Office Use: Date Received: _____ **Received By:** _____