

# Student Schedule Request



**Student Name:** \_\_\_\_\_

20\_\_\_\_ Grade: \_\_\_\_\_ Start Date: \_\_\_\_\_  
(mm/dd/yyyy)

Please indicate class time availability and instructors (if applicable) that you prefer for your student. We will do our best to accommodate your preferences. Occasionally we will need to work with you to tailor schedules to fit overall availabilities.

CLASS	INSTRUCTOR PREFERENCE	CREDIT OR TUTOR?	NUMBER OF SESSIONS/WEEK	PREFERRED SESSIONS LENGTH		
				<input type="checkbox"/> 1hr	<input type="checkbox"/> 1.5	<input type="checkbox"/> 2hr
1 _____	_____	<input type="checkbox"/> Credit <input type="checkbox"/> Tutor	_____	<input type="checkbox"/> 1hr	<input type="checkbox"/> 1.5	<input type="checkbox"/> 2hr
2 _____	_____	<input type="checkbox"/> Credit <input type="checkbox"/> Tutor	_____	<input type="checkbox"/> 1hr	<input type="checkbox"/> 1.5	<input type="checkbox"/> 2hr
3 _____	_____	<input type="checkbox"/> Credit <input type="checkbox"/> Tutor	_____	<input type="checkbox"/> 1hr	<input type="checkbox"/> 1.5	<input type="checkbox"/> 2hr
4 _____	_____	<input type="checkbox"/> Credit <input type="checkbox"/> Tutor	_____	<input type="checkbox"/> 1hr	<input type="checkbox"/> 1.5	<input type="checkbox"/> 2hr
5 _____	_____	<input type="checkbox"/> Credit <input type="checkbox"/> Tutor	_____	<input type="checkbox"/> 1hr	<input type="checkbox"/> 1.5	<input type="checkbox"/> 2hr
6 _____	_____	<input type="checkbox"/> Credit <input type="checkbox"/> Tutor	_____	<input type="checkbox"/> 1hr	<input type="checkbox"/> 1.5	<input type="checkbox"/> 2hr

BELOW, PLEASE PLACE AN "X" IN SPOTS WHERE YOUR STUDENT IS AVAILABLE; INDICATE 1ST, 2ND AND 3RD PREFERENCES

	M	T	W	TH	F	SA
7:00am – 7:50am						ALL SESSIONS ARE EQUAL TO 50 MINUTES
8:00am – 8:50am						
9:00am – 9:50am						
10:00am – 10:50am						
11:00am – 11:50am						
12:20pm – 1:10pm						
1:25pm – 2:15pm						
2:30pm – 3:20pm						
3:30pm – 4:20pm						
4:30pm – 5:20pm						
5:30pm – 6:20pm						
6:30pm – 7:20pm						

ADDITIONAL COMMENTS:

I understand the scheduling process will not begin until I have signed and returned the enrollment agreement and paid the non-refundable registration fee. I consent to YWA scheduling my student for the above designated courses and times.

**Parent Signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)