

Diocese of Shreveport

Office of the Superintendent of Catholic Schools

Calendar Adjustments

This form is to be used whenever you need to make an adjustment to your approved school calendar. These changes must be requested in advance of the dates specified, whenever possible. The request is not considered "approved" until this form is returned to you with the Superintendent's signature.

Date(s) to be changed: _____

Reason Specified: _____

Action: _____ **We plan to make up the day(s) missed**
Make-up date(s): _____
**Child Nutrition Program meals will be served as originally planned.*

_____ **We do not plan to make up the day(s) missed**
Reason: _____
_____ **This change will affect the approved days for our Child Nutrition Program*

Total Days last approved by Superintendent	# Days Requested for Change	# Days to be Made Up	New Calendar Year Total # Days
			0

Signature of Principal

Date of Request

DO NOT WRITE BELOW THIS LINE

Date Received in CSO: _____

CC: Office of Business Affairs
Child Nutrition Program

_____ Requested Change Approved as specified above
_____ Requested Change Not Approved as specified above
_____ Other Amendments made by Superintendent:

Signature of Superintendent

Date