

Our Lady of Hope Catholic Church
Religious Education Office
46639 Algonkian Parkway
Potomac Falls, VA 20165
703-433-6777

2009-2010 Session Change Request Form

Parent's Name (Print)

Phone

Date

Class Times

Tuesday 4:15 – 5:30 Wednesday 4:15 – 5:30
Tuesday 6:00 – 7:15 Wednesday 6:00 – 7:15

Child's Name	RE Grade	Scheduled Day/Time	Day/Time Requested
_____	_____	_____ / _____	_____ / _____
_____	_____	_____ / _____	_____ / _____
_____	_____	_____ / _____	_____ / _____
_____	_____	_____ / _____	_____ / _____

Reason for requesting a transfer: _____

Parent's Signature: _____

*Note: Class transfer requests can only be made if class space is available.
You will be notified by mail about the status of your request.*