



Change in Reservation Request SEED / Lunch Program 2025-2026 Dorset SEED Program

Student Identification

Last Name : _____ ID Number : _____
First Name : _____
Is student in joint custody? Yes ☐ No ☐

For Adult Responsible: Please complete the appropriate sections below.

- ✓ Make corrections in the space provided.
- ✓ Please allow 10 working days for invoice changes on your Statement of Account.
- ✓ Please sign and date this form.
- ✓ Please return this form to the person in charge of the SEED/Lunch program
- ✓ After September 30 - Only one reservation change per month will be permitted to a maximum of three changes per year.
- ✓ Two weeks notice is required for any changes.

SECTION A - END RESERVATION

End date of current reservation: YY____/MM____/DD____
SEED ☐ Lunch ☐ Service no longer required ☐

SECTION B - NEW RESERVATION

Start date of new reservation: YY____/MM____/DD____
Service required: SEED ☐ Lunch ☐

**** Important : Please indicate with a check mark all the periods for which your child will be present.**

		Monday	Tuesday	Wednesday	Thursday	Friday
Morning	07:00 & 09:05					
Lunch	12:35 & 13:30					
AfterSchool	15:50 & 18:00					

Will your child(ren) be attending pedagogical days?: Yes ☐ No ☐

Respondant's Signature ☐ Mother ☐ Father ☐ Other _____

Date

Please return this form to the SEED Technician at your school.

Received by - please initial