Student Name: ___________________________ Date: ________________

Drop: ___________________________ Add: ___________________________

Drop: ___________________________ Add: ___________________________

Students need a parent/guardian signature to make a course change to another available course.

Parent/Guardian Signature: ________________________________________________

All Drop/Adds will require additional signature of Teacher and Counselor.

Teacher: ___________________________ Approved Denied (state reason below)

Teacher: ___________________________ Approved Denied (state reason below)