

REQUEST FOR CLASS CHANGE

Student Name _____ Date: _____

Class to be dropped: _____
Title Period Teacher Initial

Textbooks, fees, equipment returned: YES NO

Class to be added: _____
Title Period Teacher Initial

Reason for transfer: _____

By signing below you are agreeing to the class change and are acknowledging that you are aware of how dropping this class might impact your student's athletic eligibility.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Counselor Signature _____ Date _____

Period	Name of Class Dropped	Teacher Initial

Period	Name of Class Added	Teacher Initial

This request is subject to final approval by the administration and the transfer is not official until the data processing transaction is completed. The student is required to continue following the current schedule until notified that the change has been made.