

Student Drop/Add Sheet

Student: _____

Grade: _____

ID Number: _____

Counselor: _____

Period	Drop Course and Number	Add Course and Number
1		
2		
3		
4		
5		
6		
7		
8		

Notes:

Counselor Signature: _____

Date: _____

Keyed: _____

Date returned to counselor for revision: _____

