

Class Change Form

Student Name: _____ Date: _____ Grade: _____ School Year: _____

ATTENTION STUDENTS AND TEACHERS

Class changes will NOT be made until ALL FOUR STEPS, listed below, have been COMPLETED

- 1st Step: Obtain Parent/Guardian approval/signature _____
- 2nd Step: Obtain Teacher's approval/signature for ALL classes dropped and added
- 3rd Step: Pay the \$10.00 class change fee to the Finance Office
- 4th Step: Return this form to your counselor for FINAL APPROVAL

For Office use Only

Date Fee Paid _____

Changes Made _____

| DROP | | | ADD | | |
|--------------|--------------|-------------------|--------------|--------------|-------------------|
| PERIOD/CLASS | TEACHER NAME | TEACHER SIGNATURE | PERIOD/CLASS | TEACHER NAME | TEACHER SIGNATURE |
| 1A | | | 1A | | |
| 2A | | | 2A | | |
| 3A | | | 3A | | |
| 4A | | | 4A | | |
| 5B | | | 5B | | |
| 6B | | | 6B | | |
| 7B | | | 7B | | |
| 8B | | | 8B | | |
| OTHER | | | OTHER | | |

Counselor's approval _____

Administrator's Signature (if requested by counselor) _____ Advisor's Signature (if requested by counselor) _____