

**CLASS CHANGE FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_

Reason for change \_\_\_\_\_

**ADD**

**DROP**

Course	Teacher	Initials	Course	Teacher	Initials
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		

\*Exit grade will be averaged in with the grade of the added class

Transfers will not occur until:

1. \$5.00 class change fee is paid \_\_\_\_\_
2. Teachers' signatures are obtained
3. Parent's signature is obtained

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Counselor Signature