

# DROP/ADD REQUEST FORM

Student's Name: \_\_\_\_\_

Grade: (Please circle)    6   7   8   9   10   11   12

Class(es) to **Drop**:

_____	_____
_____	_____
_____	_____

Class(es) to **Add**:

_____	_____
_____	_____
_____	_____

**Reason for Change:**

\_\_\_\_\_

\_\_\_\_\_

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Home Phone #

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Parent or Guardian Signature

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Work Phone #

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Cell Phone #