



Drop-Add Form

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_____ has my permission to Drop / Add the following class(es) from/to his/her schedule:

DROP

Class(es) to Drop

Teacher's Signature

_____	_____
_____	_____
_____	_____

ADD

Class(es) to Add

This form must be completed and returned to the administration for approval by the end of the first week of school. Completion of this form does not constitute an automatic change of schedule. Schedule changes must first be approved by the administration.

Parental Signature

Date

Administrative Signature

Date

The schedule change is Approved / Disapproved and will begin on _____
Date