



## Drop-Add Form

Student Name:

Date Submitted: \_\_\_\_\_

\_\_\_\_\_

Last

First

Grade in School: \_\_\_\_\_

This form must be completed and returned to the administration for approval. Completion of this form does not constitute an automatic change of schedule.

Please circle ADD or DROP		Name of Course	Class Period (ex 1st hour)	Parent Signature	Teacher Signature (required only if dropping a class)
ADD	DROP				
ADD	DROP				
ADD	DROP				
ADD	DROP				
ADD	DROP				

**\*\*Students may NOT enroll in more than one study hall\*\***