



Name \_\_\_\_\_

Grade Level \_\_\_\_\_

### Course Add/Drop Form

*To add/drop a course this form must be completed and submitted to the counselor along with a \$20 check.*

#### Current Schedule

Period	Course	Teacher
1		
2		
3		
4		
5		
6		
7		

#### Desired schedule

Period	Course	Teacher
1		
2		
3		
4		
5		
6		
7		

Class (es) transferred:

From: \_\_\_\_\_ Teacher signature: \_\_\_\_\_

To: \_\_\_\_\_ Teacher signature: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Counselor signature: \_\_\_\_\_