

**WOODS CROSS HIGH SCHOOL CLASS CHANGE REQUEST FORM
APPOINTMENT SCHEDULER**

Student Name _____ Student # _____ Date: _____
Grade _____ Cell Phone # _____ Email _____ Paid _____

WARNING! You are responsible for any changes that may affect your academic standing or graduation status. **THIS IS YOUR TICKET TO CHANGE CLASSES. DO NOT LOSE IT!**

READ THESE INSTRUCTIONS CAREFULLY!

1. If you are changing out of a full year class, you must return the book(s) to your teacher or you will receive a fine.
2. You will be given a number for entrance into the career center computer lab and your request will be made based on **availability**. Numbers are distributed only to students with this change form and attached receipt.

No change was made (refund request). Faculty Signature _____

CLASS TO DROP	CLASS TO ADD	REASON