

Course Selection Change Form 2019 -2020

Name: _____ ID#: _____

Grade: _____ Homeroom: _____

ADD: Course# _____ Title: _____

Reason: _____

Teacher Signature: _____ Date: _____

Parent Signature: _____ Date: _____

DROP: Course# _____ Title: _____

Reason: _____

Teacher Signature: _____ Date: _____

Parent Signature: _____ Date: _____

**Incomplete forms will not be accepted.
Deadline for all changes is: April 5, 2019**

Return this form to the Student Service Center in the High School.

Date Received: _____ Date Processed: _____

Counselor Signature: _____