WOODS CROSS HIGH SCHOOL CLASS CHANGE REQUEST FORM

Student Name_____ Student #_____ Grade:_____ Date:_____

Cell Phone #_____ Email_____

Paid $10 ☐

WARNING! You are responsible for any changes that may affect your academic standing or graduation status.

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. Requests will be made based on **availability**.
3. No change was made (refund request). Faculty Signature_____

CLASS TO DROP	CLASS TO ADD	REASON