

Please complete the information requested below and submit this form to the office in order to add a class during the first two weeks at the beginning of the year. All changes must have approval from the student's parent and from the Head of Upper School.

Name	e of Student							
Curre	ent Grade Level _							
Class	To Be Dropped							
	Name of Course	e						
	Teacher							
Class	To Be Added							
	Name of Course	e						
	Teacher							
Stude	ent Signature		_Date			_		
Paren	nt Signature		_					
Head	of Upper School	•••••	• • • • • • • •	• • • • • • • •	•••••	•••••	•••••	•••••
1.	This change meets graduation requirements							
2.	Circle one:	Approved	OR	Denie	d			
Signature			Date					
Regis	trar	•••••	• • • • • • • •	• • • • • • • •		• • • • • •	•••••	•••••
1.	. Classes/Transcript updated in RenWeb							
	2. Parent/students notified of start date in clas							
3.	. Affected teachers notified?							
4.	College Advisor	r notified				_		
Signa	ture		Date					