

Class Change Form

Student Name: _____

Grade: _____

FT/ CEC: _____

Please complete the following section(s) for each class the student is requesting a change for. Only classes that have complete data and signatures will be processed. Requests submitted 14 days after the student schedule is available will be charged an administrative fee of \$100. If courses have been in session for four classes and a change to the schedule is requested, parents will be responsible for the full tuition for any deleted courses.

Add/ Delete Class: _____

Scheduled for: _____

Reason for Change: _____

Signature of Instructor: _____

Signature of Student: _____

Signature of Parent: _____

Date: _____

Office Use: _____ received _____ IC Updated _____ to ODF

Add/ Delete Class: _____

Scheduled for: _____

Reason for Change: _____

Signature of Instructor: _____

Signature of Student: _____

Signature of Parent: _____

Date: _____

Office Use: _____ received _____ IC Updated _____ to ODF

Add/ Delete Class: _____

Scheduled for: _____

Reason for Change: _____

Signature of Instructor: _____

Signature of Student: _____

Signature of Parent: _____

Date: _____

Office Use: _____ received _____ IC Updated _____ to ODF

Add/ Delete Class: _____

Scheduled for: _____

Reason for Change: _____

Signature of Instructor: _____

Signature of Student: _____

Signature of Parent: _____

Date: _____

Office Use: _____ received _____ IC Updated _____ to ODF

Add/ Delete Class: _____

Scheduled for: _____

Reason for Change: _____

Signature of Instructor: _____

Signature of Student: _____

Signature of Parent: _____

Date: _____

Office Use: _____ received _____ IC Updated _____ to ODF