

PERMISSION TO CHANGE SCHEDULE

Student Name _____ Date _____

I desire to drop _____
(Subject and class period)

and take up _____
(New subject)

Please provide an e-mail address: _____

Change requested by:

(Signature of Parent)

(Do Not Write in Space below: (OFFICE USE ONLY))

Permission is: Granted or Denied

Withdraw failing (If past the add/drop deadline)

(Signature of Administration) (Title) (Date)

Recommendations and/or concerns: _____