



CLASS DROP/ADD/TRANSFER FORM

Date: _____

Name of person taking message: _____

STUDENT: _____ Phone
Number: _____

DROP

CLASS: _____ Day/Time: _____ Teacher: _____

Reason for drop: _____

Effective date: _____

ADD

CLASS: _____ Day/Time: _____ Teacher: _____

Effective Date: _____

TRANSFER

Leaving: Class: _____ Day/Time: _____

Adding: Class: _____ Day/Time: _____

Effective Date: _____

Parent Signature: _____

For office use only:

___ Rosters have been changed

___ Billing has been changed

___ E-mailed Teacher