

VISION CHARTER DROP/ADD REQUEST FORM

Student First and Last Name: _____

Grade: _____ Date of request: _____

Name of Class to Drop	Period (1, 2, 3, 4, 5, 6, 7)	Teacher Signature
Name of Class to Add	(must be same period as dropped class)	Teacher Signature

Name of Class to Drop	Period (1, 2, 3, 4, 5, 6, 7)	Teacher Signature
Name of Class to Add	(must be same period as dropped class)	Teacher Signature

Name of Class to Drop	Period (1, 2, 3, 4, 5, 6, 7)	Teacher Signature
Name of Class to Add	(must be same period as dropped class)	Teacher Signature

Reason for Change:

Parent Signature: _____

Before school requests for drop/add classes from 8/4 - 8/12/2021 DO NOT require teacher signature.
Online requests MUST be sent from parent email account and will replace parent signature signifying the approval of parent to make the deletion/addition to the student's schedule.

Requests from 8/16 - 8/19/2021 REQUIRE teacher/parent signature.

Requests for change of the same core class to a different time period will not be fulfilled.

Signatures of teacher and parent do not guarantee your request(s) will be fulfilled.

For Office Use Only:		
Submitted: _____	Received by: _____	Outcome: Change No Change
Notes: _____		Date: _____