



Elective Schedule Change Form

Dear Parent,

On _____, your child, _____,
requested to drop _____ and add _____.

Please sign below to indicate that you approve of this change. Once all signatures are obtained, your child should return this form to me. The change of class can not be made until all steps are complete, and the change is not always guaranteed.

Sincerely,

Abbie Gregory

Upper School Principal

Student Information

Name: _____ Grade: _____

Reason for an elective schedule change:

Required Signatures

Signature of Student: _____

Signature of Teacher of Dropped Class: _____

Signature of Requested Teacher of Added Class: _____

Signature of Parent: _____

Signature of Upper School Principal: _____