



Class Change Voucher

Student Name: _____ Date: _____

Period	Enter Class	Teacher Initial		Period	Drop Class	Teacher Initial

TO THE PARENT/GUARDIAN: Your child is requesting to add/drop a class or classes. Your signature below acknowledges that you are aware of and give approval to your child's requested academic changes.

Parent/Guardian Signature: _____



Class Change Voucher

Student Name: _____ Date: _____

Period	Enter Class	Teacher Initial		Period	Drop Class	Teacher Initial

TO THE PARENT/GUARDIAN: Your child is requesting to add/drop a class or classes. Your signature below acknowledges that you are aware of and give approval to your child's requested academic changes.

Parent/Guardian Signature: _____