

dodeca High School Class Drop/Add Form

Student name: _____ Grade: _____

Period	Dropped Course Name	Teacher	Added Course Name
1			
2			
3			
4			
5			
6			
7			
8			

Parents signature: _____ Date: _____

This drop/add request must be submitted to the guidance counselor within 10 days of the beginning of the semester or the enrollment date for a new student.



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