



CLASS CHANGE REQUEST

OFFICE USE ONLY
 DATE OF REQUEST _____
 DATE ENTERED _____
 ENTERED BY _____
 APPROVED BY _____

Changes **MUST** be made before the 20th of the MONTH to take effect for the FOLLOWING month.

You must complete this form by the 20th of the current month to have your drop effective for the following month and pay \$5.00 drop fee. Changes to class levels or adding classes can be made in the current month without a fee, but cannot be completed without this form. You may not drop classes and then have it take effect in the current month.

TODAY'S DATE _____

_____/_____/_____

STUDENT NAME: FIRST NAME **LAST NAME** **AGE** **BIRTH DATE**

_____/_____

HOME PHONE **CELL PHONE** **EMAIL ADDRESS**

DROP

ADD

<i>DROPPED CLASS</i>	<i>DAY & TIME</i>	<i>ADDED CLASS</i>	<i>DAY & TIME</i>

REASON FOR DROP/CHANGE: _____

RESPONSIBLE PARTY SIGNATURE: _____

AMOUNT PAID: _____ **PAYMENT METHOD** _____ **CHECK/RECORD #** _____

NOTES: