

Enrichment ELECTIVE (All Grades) Drop/Add/Transfer Request Form

This form is being initiated	by
Relationship to stude	ent
Student's Name	Student's grade
Date student be	egan course:
Date form wa	as initiated:
Current Program: □ Hy	brid Student □ Connections Student
	o attend the classes on your schedule until you receive written are not accepted by phone or email. They must be made using this
opportunity to make the most informed decision. Use of	ilies, students, teachers and staff, we desire to give all parties this form helps balance the request of the student, the family's and class, and the school's desire/need to be fiscally responsible.
later.Whether this request is approved or not, your act	initiated before classes begin or after the first day of class and not ecount may be charged \$25 per change/per request. mount of the agreement (in this case, the full amount of the class(es) eement and it is approved).
 later. Whether this request is approved or not, your action of the second of the s	initiated before classes begin or after the first day of class and not
 We will not accept requests for the following reason. Because of teacher preference You "changed your mind" You want to have class with your friends. 	s: (this list is not exhaustive)
Please list all courses:	
To Drop:	To Add
To Drop:	
Transfer from	40

to_

Transfer from:

Clearly state the reason(s) for your request and if requesting a change to your financial agreement, please give the exact monetary amounts you are requesting be changed (use additional paper if necessary):			
Parent's Signature	Dat	e	
I have met with and discussed this requerequired)	st with the following CCA Staff: (Signature o	f all affected teachers is	
Teacher	Date	<u></u>	
Teacher	Date		
Teacher	Date		
		<u></u>	
Office Use: Admin 1	Admin 2		
□Referred to the Board of Directors for App	oroval Reviewed on:		
Comments:			