

**PLUMSTEAD CHRISTIAN HIGH SCHOOL
SCHOOL YEAR _____**

REQUEST TO DROP CLASS – ADD CLASS

Student _____ Grade _____ Date _____

Course(s) to be DROPPED

Course Title

Teacher Signature

Course(s) to be ADDED

Course Title

Teacher Signature

Guidance

Counselor's Signature _____ Date _____

*Counselor's signature required to ensure student
continues to meet graduation requirements.*

Parent Signature _____ Date _____

**ALL SECTIONS OF THIS FORM MUST BE
COMPLETED AND RETURNED TO THE PRINCIPAL**

Principal's O.K. _____ Date _____