

Delta High School

Add/ Drop Form

Student Name: _____

Date: _____

Class added & period: _____

Class dropped & period: _____

Reason for adding/ dropping class:

Student signature: _____

Parent signature: _____

Approved (check box)

Yes _____ No _____

Reason if not approved:

Counselor Signature: _____

Principal Signature: _____

Teacher Signature: _____