

St. Francis Central Coast Catholic High School
Add/Drop Request

For office use only:
Student ID: _____

Student Name: _____ (Please print) Grade Level (circle): 9 10 11 12

Phone number: _____ E-mail address: _____
(**print** clearly)

DROP Present Course (name): _____ Period: _____

ADD Change to Course (name): _____

Reason for Change (check):
_____ Scheduling Error

_____ Course Previously Completed Where (school name/year): _____

Please explain: _____

Student: _____ / _____ / ____ / ____
Signature PRINT Name Date

Parent: _____ / _____ / ____ / ____
Signature PRINT Name Date

The following section only needs to be completed once the new school year has begun.

Teacher of present course: _____
Signature Date

Teacher of course to add: _____
Signature Date

Deadline for submittal of an Add/Drop request is at 3:00 PM on Friday, September 4.

For administrative use:

Request rec'd on: _____ by _____

Academic vice-principal: _____

Other : _____

Approved Not approved Date: _____

Approval or denial of an add/drop request is given by the academic vice principal.