

VISION CHARTER SCHOOL ADD/DROP REQUEST FORM

Student First and Last Name: _____

Grade: _____

Date: _____

Name of Class to Drop	Period	Teacher Signature
Name of Class to Add	Period	Teacher Signature

Name of Class to Drop	Period	Teacher Signature
Name of Class to Add	Period	Teacher Signature

Reason for Change:

Parent Signature: _____

Add/Drop Forms for the Spring 2024 Semester are due on January 11, 2024 at 3:30 pm.

Signatures of the teacher and parent do not guarantee your request(s) will be fulfilled.

For Office Use Only:
Submitted: _____ Received by: _____ Outcome: Change No Change
Notes: _____
