



St. Joseph Christian School
STUDENT SCHEDULE CHANGE - DROP/ADD

Date: _____

Student Name: _____ **Grade:** _____

Class to drop: _____ **Period:** _____

Teachers' Signature: _____

Class to add: _____

Teachers' Signature: _____

Class to drop: _____ **Period:** _____

Teachers' Signature: _____

Class to add: _____

Teachers' Signature: _____

Class to drop: _____ **Period:** _____

Teachers' Signature: _____

Class to add: _____

Teachers' Signature: _____

Parent or Guardian Signature: _____