

Add/Drop Form for On Campus Classes
Alder Grove Charter School

Date: _____

Student Name: _____

CT Name: _____

Semester 1 (Fall) _____

Semester 2 (Spring) _____

(Check one)

Classes to be **added**:

Name of Class	Day	Time	Teacher

Classes to be **dropped**:

Name of Class	Day	Time	Teacher

Parent or Guardian Signature: _____

CT Signature: _____

Please return all books and checked out materials.

