

Alder Grove Charter School-2  
 Addendum to Master Agreement Grades 7-12  
 School Year 2026-2027

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Student Preferred name: \_\_\_\_\_

Term:            Fall                                  Spring

Entry Date on Master Agreement: \_\_\_\_\_ Exit Date on Master Agreement: \_\_\_\_\_

**COURSE ADDITION(S):** OASIS add-pending completed by CT: \_\_\_\_\_ (CT initials)

Name of Course	Credits Attempted

**CREDIT INCREASE(S):** No OASIS action required by CT.

Name of Course	Original Credits Attempted	Increase Credits Attempted to

**COURSE DELETION(S):** OASIS drop-pending completed by CT: \_\_\_\_\_ (CT initials)

Name of Course	Credits

**REQUIRED SIGNATURES**

\_\_\_\_\_  
 Student Signature                                  Date

\_\_\_\_\_  
 Credentialed Teacher Signature                  Date

\_\_\_\_\_  
 Parent/Guardian Signature                          Date

\_\_\_\_\_  
 Administrator Signature                                  Date