WOODS CROSS HIGH SCHOOL CLASS CHANGE REQUEST FORM

Student Name	Student #	Date:	Grade
Cell Phone #	Email		Paid \$10 WPU
WARNING! You are responsible for	or any changes that may affect your a	cademic standing	or graduation status.
	READ THESE INSTRUCTIONS CAR	EFULLY!	
1. Requests will be made bas	ed on availability .		
2. Return book to teacher if o	dropping a full-year class.		
	erry's signature:		
	llisbury's signature:		
5. No change was made (refu	ind request). Faculty Signature		
CLASS TO DROP	CLASS TO ADD		REASON
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