



ST. DAVID'S SCHOOL

Course Drop/Add Request

Student Name: _____

Grade: _____ Year: 2011 - 2012

Course(s) to Drop: _____

Course(s) to Add: _____

Reason for Drop/Add: _____

Student Signature _____ Date _____ Parent Signature _____ Date _____

Approval of the Division Principal

Complete this form and return it to the Registrar **ASAP**. All schedule changes are at the discretion of the division principal. If the change requires teacher approval, please have the teacher sign here:

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