



EARLY LIGHT ACADEMY

JUNIOR HIGH CLASS CHANGE REQUEST FORM

Complete this form and submit it to Teena Carper at tcarper@earlylightacademy.com within one week of the start of the semester. There will be a \$5 class change fee for each form turned in if it is turned in after the first week. Please note that class changes are contingent upon administrative approval and seat availability.

Student Name _____ Grade _____ Date _____

Class(es) To Be Dropped		
Class Period	Class	Teacher

Class(es) To Be Added		
Class Period	Class	Teacher

Reason for the Request: _____

Student Signature _____ Parent Signature _____

For Office Use Only

Class Size of Requested Class(es): _____ Date: _____

Fee Paid: _____ APPROVED OR NOT APPROVED

Student Notified: _____ Guardian Notified: _____ Teacher Notified _____