

Wahoo High School
Parent/Teacher Permission to Drop/Add Class(es)

School Year _____ Semester _____ Date of Request _____

Student Name _____ Grade _____ Class of _____

Requests permission to:

Drop _____ Period _____ Add _____ Period _____
(class) (class)

Teacher Signature _____ Teacher Signature _____

Drop _____ Period _____ Add _____ Period _____
(class) (class)

Teacher Signature _____ Teacher Signature _____

I, _____ (Parent/Guardian), agree with my son/daughter's schedule change. S/he is making this change for the following reason(s) and I agree with these changes.

Parent Signature _____

Date Signed _____