

**WILMINGTON CHRISTIAN SCHOOL**  
**COURSE DROP/ADD FORM**

Student Name \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_

**\*\*Students do not** need to schedule an appointment with the Guidance Counselor to add or drop a class. Carefully fill out this form and return it to the Guidance Office by **Wednesday, September 18, 2015.**

**Reminder:** Course schedules must include a minimum of **6 credits** during regular school hours.

Schedule Change	Course Name	Period
Drop:		
Add:		

Reason (s): \_\_\_\_\_  
\_\_\_\_\_

Classes affected by schedule change: \_\_\_\_\_  
\_\_\_\_\_

**Signatures must be obtained in the following order before request will be processed:**

**1.** Signature of parent(s) and phone number during day: \_\_\_\_\_  
\_\_\_\_\_

**2.** Signature of the teacher whose course you wish to drop and comments, if any: \_\_\_\_\_  
\_\_\_\_\_

**3.** Signature of the teacher whose course you wish to add and comments, if any: \_\_\_\_\_  
\_\_\_\_\_

4. Signature of the Guidance Counselor and comments, if any: \_\_\_\_\_

\_\_\_\_\_

**YOU MUST STAY IN ORIGINAL COURSE UNTIL YOU RECEIVE A  
NEW SCHEDULE**