



# UNITY

CHRISTIAN SCHOOL

## CLASS ADD/DROP/TRANSFER REQUEST

Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_

Reason for Class Transfer: \_\_\_\_\_

\_\_\_\_\_

**Class Dropping/Transferring From:** \_\_\_\_\_

Teacher: \_\_\_\_\_

Period: \_\_\_\_\_ Days: \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F

Date of Transfer/Drop: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

**Class Adding/Transferring To:** \_\_\_\_\_

Teacher: \_\_\_\_\_

Period: \_\_\_\_\_ Days: \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F

Date of Transfer/Add: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Date: \_\_\_\_\_