

Vinalhaven School
Add/Drop Form

Student Name:

Date:

	Course	Teacher	Period
Drop			
Add			
Drop			
Add			

Reason for Change:

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Add Teacher Signature: _____ Date: _____

Drop Teacher Signature: _____ Date: _____

Assistant Principal Signature: _____ Date: _____

