

Cyprus High School
Class Change Form

Counselor _____

(Name) _____

(Grade) _____

(Student Number) _____

(Date) _____

— STUDENT WILL BE CHARGED A PRO-RATED FEE ON DROPPED COURSES THAT INCLUDE FEES —

Adds

Drops

Prd.	Course No./Sec	Subject	Teacher's Stamp	Prd.	Subject	Grade	Pro-rated Class Fee	Teacher's Stamp
1A				1A				
2A				2A				
3A				3A				
4A				4A				
1B				1B				
2B				2B				
3B				3B				
4B				4B				

— CLASS CHANGES WILL NOT BE MADE IF THIS FORM IS NOT TURNED IN —

REASON FOR CLASS CHANGE _____
