



Kingsway Christian School Drop / Add Class Request

Name of Student _____ Grade _____ Date of Request ____/____/____

Class Drop	Period	Class Add	Period
Teacher Signature		Teachers Signature	
Class Drop	Period	Class Add	Period
Teacher Signature		Teachers Signature	
Class Drop	Period	Class Add	Period
Teacher Signature		Teachers Signature	
REASON			

Parents Signature _____

Counselor's Signature _____



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