



DAMASCUS CHRISTIAN SCHOOL

ADD OR DROP A CLASS

STUDENT NAME _____ DATE _____

DROP _____ PERIOD ____ TEACHER SIGNATURE _____

ADD _____ PERIOD ____ TEACHER SIGNATURE _____

ACADEMIC ADVISOR _____

PARENT SIGNATURE _____

Students must complete the Add or Drop Form within 10 days of the semester start date.
Please submit this form to the school office when all the signatures have been collected.

When the form is submitted on time the request will be considered according to the following guidelines:

1. Physical inability to take a class due to accident or illness is reasonable cause for a schedule change.
2. Students on an individualized academic plan may only change their schedules in consultation with their counselors and discovery department.
3. Any student whose schedule reflects an obvious error may change the schedule.
4. A change in a student's academic standing as a result of classes taken over the summer may cause a schedule change. A lack of a prerequisite for a course may cause a schedule change, as well.

Any request for a schedule change should be accompanied by this form signed by parents/guardians. Finally, this completed form with all the required signatures must be returned to the school office.