

JACKSON CHRISTIAN HIGH SCHOOL  
DROP/ADD FORM

_____ Student's Name	_____ Grade	_____ Date
_____ Course being dropped	_____ Period	_____ Signature of Teacher
_____ Reason why course is being dropped		
_____ Course being added	_____ Period	_____ Signature of Teacher
_____ Parents Signature		_____ Counselors Signature

JACKSON CHRISTIAN HIGH SCHOOL  
DROP/ADD FORM

_____ Student's Name	_____ Grade	_____ Date
_____ Course being dropped	_____ Period	_____ Signature of Teacher
_____ Reason why course is being dropped		
_____ Course being added	_____ Period	_____ Signature of Teacher
_____ Parents Signature		_____ Counselors Signature