

FOR OFFICE USE ONLY

Date & Time Rec'd _____

Check or Cash – initials _____

2016- 2017 DROP\ADD FORM
PEORIA CHRISTIAN SCHOOL

If you want to add or drop classes for the next semester, please fill out this form and return it to the High School office. **There is a \$10 processing fee for all add/drop requests turned in after May 27th and updated schedules will not be available until August.** If paying by check, please make checks payable to PCS. If you have any questions, please contact Mrs. Downing at (309) 686-4500x223 or rdowning@peoriachristian.org.

Student Name (please print) _____ Grade _____

Are you in the Distinguished Scholar Diploma Program? _____

If so, please check the DSD requirements on the PCS website to make sure you are still meeting requirements for DSD.

Reason for Drop\Add Request _____

.....
*Teacher signatures are not necessary until classes begin.
Deadline to change classes is Monday, September 19, 2016.*

REQUEST TO DROP

Course Title _____ Period _____ Teacher's Signature _____

Course Title _____ Period _____ Teacher's Signature _____

.....
REQUEST TO ADD

Course Title _____ Period _____ Teacher's Signature _____

Course Title _____ Period _____ Teacher's Signature _____

.....
PARENT SIGNATURE

Parent/Guardian's Signature _____ Date _____

Email address _____