

Ankeny Christian Academy  
Schedule Change Form

Student Name (please print) : \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this form ONLY if you are planning to make schedule changes. Return it to Mr[s. Frericks no later than August 24 at 3:30 pm. This form does not guarantee that you will be allowed to drop or add your desired class.

I would like to add/drop the following class(es) for second semester. *For every class dropped, there must be a class added for non-senior students. You are allowed no more than 5 study halls per week.*

| <u>Class Name</u> | <u>Circle one</u> |
|-------------------|-------------------|
| _____             | <u>Drop / Add</u> |
| _____             | <u>Drop / Add</u> |
| _____             | <u>Drop / Add</u> |
| _____             | <u>Drop / Add</u> |

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_