

ADD/DROP FORM

Pacific Coast High School

Date: _____ **Trimester:** ____ 2nd (Fall) ____ 3rd (Spring)

Last Name: _____ First Name: _____ Grade: _____

	Course #	Course Title	Credits		Comments	<input checked="" type="checkbox"/> Repeated Course
Add				Online		
Drop				Hybrid		
Add				Online		
Drop				Hybrid		
Add				Online		
Drop				Hybrid		
Add				Online		
Drop				Hybrid		
Add				Online		
Drop				Hybrid		

Added courses dropped after 5 weeks of enrollment will incur a "W"

Parent's signature: _____

Instructor's signature: _____
(add'l instructor's signatures as needed)

Faculty Advisor's signature: _____

Original – PCHS student file/copy – to student /PCHS staff notified via email