



EARLY LIGHT ACADEMY

JUNIOR HIGH CLASS CHANGE REQUEST FORM

Complete this form and submit it to Ms. Sorensen at csorensen@earlylightacademy.org within one week of the start of the semester. If it is turned in after the first week of the semester, you will need administrative approval. Please note that class changes are contingent upon administrative approval and seat availability. Registration materials are found on the website at <https://www.earlylightacademy.org/register-for-classes> for classes information and master schedule.

Student Name _____ Grade _____ Date _____

Class(es) To Be Dropped	
Class Period	Class

Class(es) To Be Added Make sure Add and Dropped classes are the same class period	
Class Period	Class

Reason for the Change Request (Required) _____

Student Signature_____ Parent Signature_____

Admin Signature _____