

CLASS CHANGE FORM

Please print clearly!

Date: _____

Student name: _____ Grade _____

Include the following information in case we need to contact you outside school hours to discuss this change:

Home phone: _____ Cell phone: _____

Email address: _____

In order to expedite any requested changes, you must review the list of available classes which will be updated on a daily basis and posted at www.liberty.issaquah.wednet.edu/counseling . Please list 2 possible replacement classes for each class you want to drop. This will give us a greater chance of honoring your request.

Change forms will be processed on a first come, first served basis. Be aware that as changes are processed, classes do become available and others may fill.

Change forms will be accepted by the LHS Registrar between May 28th – June 6th, 2008. No exceptions!

Please check “Family Access” or “Student Access” as changes will be reflected as they are made.

Class to drop	Replacement option 1	Replacement option 2
1.		
2.		
3.		

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Note to counselor: _____

