

Change of Class Request

Campus Location: (circle one)

East FAC Fairdale

Session: (circle one)

Fall '06 Winter '07 Spring '07

Parent's Name: _____

Phone Number: _____

Email Address: _____

Child's Name: _____ Grade: _____

What hour is the change for? (circle one)

1st 2nd 3rd 4th

Class Change:

FROM what class:	TO what class:

Reason for change: _____

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