



BCS Choice Hour Drop Form

Students who drop a class and do not select a new class **must be picked up by a parent/guardian by 3:30pm.** Students not picked up will be charged a \$5.00 fee for that day.

Date: _____

Student: _____

Homeroom: _____ Grade: _____

➤ **Class(es) I would like to DROP**

Class Name: _____ Day: _____

Reason: _____

Class Name: _____ Day: _____

Reason: _____

If a refund is needed, indicate to whom to make out the check: _____

Student Signature: _____

Parent Signature: _____

Refunds are not issued for classes dropped after the change deadline.

Office Use Only: Acct#110-000-0000-0000-0000-41310435	Amt: \$	Approved by:	Date:
Date Entered ALIO:	Date Paid:		

9/5/2017

