



# Castle View High School

## **Online Schedule Change Form Parent Permission to Drop/Add Classes**

### **ALL FIELDS REQUIRED**

Students Name:

Today's Date:

Academy:

Grade:

Schedule change(s) only allowed for the following reasons:

I give my child permission to  Drop  Add

Parent's Name:

IC Parent Email (serves as signature):

Parent Cell Phone Number:

### **DROP**

Course Name

### **ADD**

Course Name