YEAR LONG RELATED ARTS (YLRA) DROP / ADD REQUEST

Parent	(s) please fill out this form completely.	
STUDENT NAME:		GRADE:
PARENT NAME (printed):		PARENT PHONE #
PARENT EMAIL:		2nd PARENT PHONE #
REQUESTED COURSE TO DROP:		TEACHER OF CURRENT COURSE:
REQUESTED COURSE TO ADD:		TEACHER OF COURSE REQUESTED:
	ng here, you (parent) are requesting a YLRA D e) will be required between parent(s) and tea	prop/Add for your child. A brief conference (in person, by email, cher of course requested to drop.
PARENT SIGNATURE:		Date
DROPPII	NG TEACHER SIGNATURE	Date
ADDING	TEACHER SIGNATURE	Date
RELATE	D ARTS PRINCIPAL SIGNATURE	Date
POLICY I 1) 2)	changes will be made. The student and parent that request the transfe to be dropped (e.g. via email) to discuss reason discussion. Additionally, a dated class change muith a parent signature and phone number whe	ets/parents should be made by APRIL 1 2021. After this date no class or must make contact with the teacher of the class that is requested for transfer. Transfers should only be considered after careful equest form must be delivered to the teacher of the original class ere the parent can be reached. The state of the transfers should be signed by the original teacher and the parent can be reached.
3)	passed on to the newly requested course teached drop/add a student from a course.	r. The related arts principal will have the final authority to

This portion should be filled out by teachers/administrators only. Summarize parent/teacher conference as needed.