

Central Catholic High School Course Drop Form

Student's Name _____ Grade _____

Date: _____

“Drop” Course Block:

- Block A
- Block B
- Block C
- Block D
- Block E
- Block F
- Block G
- Block H

“Drop” Course Name:

“Add” Course Block:

- Block A
- Block B
- Block C
- Block D
- Block E
- Block F
- Block G
- Block H

“Add” Course Name:

Student Signature: _____

Parent Signature: _____