Trinity Christian School Summer Program Change and Withdrawal Form

Student Name:	
Grade in Fall:	
Parent Email:	

I would like to withdraw from the following class(es):

No refunds after May 15

1.	
2.	
3.	
4.	

I would like to add the following class(es):

Material fees may be associated with this class

1.	
2.	
3.	
4.	

I would like add/drop lunch: _____ Add _____ Drop

I would like to add the following to my pick-up list:

First Name	Last Name	Relationship	Phone	Address

Signature:	
Date:	