

# Trinity Christian School Summer Program Change and Withdrawal Form



<b>Student Name:</b>	
<b>Grade in Fall:</b>	
<b>Parent Email:</b>	

**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

<b>Signature:</b>	
<b>Date:</b>	