## Add / Drop Request Form (2020-2021)

					Date:
LEGACY HOMESCHOOL CENTER					Roster:
P.O. Box 52871, Bellevue, WA 98	3015				
www.legacyhc.org					
Neatly fill out form and be a double-outline box about	oring to the Processing desk. ove).	Do not write i	n "Processing Use Onl	y" section (indic	cated by
	ne grade/age range for a class quest an out-of-grade/age ran				
			New Registration	Yes	No
Parent Information					
Family Last Name	amily Last Name Mother				
Email					
weeks of tuition will be nonr	rials fees for confirmed classe refundable.			drop a class, m	y prepaid, final four
Student Information					
Last Name	First Name		Dinthalas	0	
			Birthday	Già	ade
Effective Date * Action *	Teacher	Time	Class Title	Gra	ade
	Teacher	Time		Già	ade
	Teacher	Time		GI	ade
	Teacher	Time		GI	ade
	Teacher	Time		Gla	ade
	Teacher	Time		Gla	ade
	Teacher	Time		Gla	ade
		Time		Gla	ade

\_\_\_\_\_ First Name \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_

Class Title

Time

\*NOTES: Action Column options: Add, Add to WL (waitlist), Add from WL (waitlist), Drop

Effective Date Column: For "Add" and "Add from WL," enter date of first class to be attended.

For "Drop," enter date of first class NOT attended.

Teacher

Last Name \_\_ Effective Date \*

Action \*

For Date and Action columns, see NOTES below.