

IDA CROWN JEWISH ACADEMY
REQUEST FOR PROGRAM CHANGE
 use separate forms for Judaic and General courses

Name of Student: _____ Grade _____ Date _____
last name first name

ADD Course Title	Teacher	Period	Last Year's Teacher
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DROP Course Title	Teacher	Period
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for Request: _____

 Student Signature Parent Signature



Comments and Recommendations: _____

Approval:
 Guidance: _____
 Department Chair: _____
 Administrator: _____

**Please Submit this form with
 Parent Signature to the
 Guidance Department**