



BISHOP  
**MCDEVITT**  
HIGH SCHOOL



## Roster Change Request Form - \$60.00 Charge

Student Name: \_\_\_\_\_

Student # \_\_\_\_\_

Phone Number: \_\_\_\_\_

*All Roster change requests will be reviewed by Miss Ford. You will be notified if the change was able to be made. Changes in lunch periods will only be considered for medical reasons and the request must be accompanied by a doctor's note.*

Course to be dropped: \_\_\_\_\_

Reason for drop: \_\_\_\_\_

Course to be added: \_\_\_\_\_

Reason for add: \_\_\_\_\_

*Student Signature:* \_\_\_\_\_

*Parent Signature:* \_\_\_\_\_

***This form MUST be received in the Academic Office no later than  
Monday, August 28<sup>th</sup> at 3:00 PM.***