



KEYS Drop / Add Form

Student Name: _____

Class _____ Teacher: _____

Semester & Year: Fall _____ Spring _____

Reason for dropping/adding: _____

- I understand that I am responsible for the entire semester's tuition if I drop a class after the semester begins.

Student Signature

Date

Parent Signature

Date

Teacher Signature

Date

KEYS Representative accepting form

Date

Please return this completed form to the office or send a PDF copy to sgriep@keysofaz.com.