

Add / Drop Request Form (2019-2020)

LEGACY HOMESCHOOL CENTER
 P.O. Box 52871, Bellevue, WA 98015
 www.legacyhc.org

Date: _____
Roster: _____

- Neatly fill out form and bring to the Processing desk. Do not write in "Processing Use Only" section (indicated by a double-outline box above).
- If your child is outside the grade/age range for a class you would like to ADD, please email info@legacyhc.org to request an out-of-grade/age range exception. Age is as of September 1 of the applicable school year.

New Registration Yes _____ No _____

Parent Information

Family Last Name _____ Mother _____

Email _____

I understand that ALL materials fees for confirmed classes are nonrefundable. In addition, if I drop a class, my prepaid, final four weeks of tuition will be nonrefundable.

Parent Signature _____ Date _____

Student Information

Last Name _____ First Name _____ Birthday _____ Grade _____

Effective Date *	Action *	Teacher	Time	Class Title

For Date and Action columns, see NOTES below.

Last Name _____ First Name _____ Birthday _____ Grade _____

Effective Date *	Action *	Teacher	Time	Class Title

For Date and Action columns, see NOTES below.

***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.