



Deering Middle School After School Program

Student Change of Class Form

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

Class Currently Enrolled In: \_\_\_\_\_

Class You Want to Enroll In: \_\_\_\_\_

Day Class Meets: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

YMCA Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_