



The Rock Academy

6641 W SR 46
Sanford, FL 32771
FLDOE #1700. FCCPSA & NCPSA Accredited
Established 2009

Course Change Form

Student Name _____ Current Grade _____

Course to be dropped	Beginning on Date	Course to be added	Beginning on Date

1. I understand that there may be a financial consequence from the change indicated. I will communicate with the TRA office to understand how this will affect my student's tuition.
2. I understand that I will not be reimbursed for any time spent in a class that is being dropped. I further understand that I will not be reimbursed for any materials that were purchased for the class that is being dropped.
3. I understand that if the dropped class is not replaced with another class, I may be charged for the remainder of the semester or year. The school's budget is set on the initial enrollment and may not be able to accommodate a class dropped.

Parent Signature _____ Date _____

Administration Approval _____ Date _____