FTCC High School Connections Course Change Form

Full Legal Nan	ne:			SSN:	Birthdate:	1	/
Telephone 1:		Telephone 2:	Email: Current Pathway 1:		Current Pathway 2:		
Current High S	School:						
	Dı	ор		Add			
Term Course		Meeting Times/Day	ys Term	Course	Meeting Times/Days		
Student Signa	High Sch	nistrator. The HSC office will notify t lool Connections program to Cumber	rland County school officials and	l to my parents/legal guardia	ns upon their request		
Parent/Guardian Signature:				Date:			
High School P	rincipal/Designee Signatu	re:			Date:		
FOR OFFICE USE ONLY				Student ID:			
	I						
Approved	d/Denied/Other		Reaso	Reasoning if not approved			
			1			1	
	Current Academic	Program	High S	chool Connections St	aff Member	D	ate