

Alder Grove Charter School-2
 Addendum to Master Agreement Grades 7-12
 School Year 2024-2025

Student Name: _____ Grade: _____ Birth Date: _____

Student Preferred name: _____

Term: Fall Spring

Entry Date on Master Agreement: _____ Exit Date on Master Agreement: _____

COURSE ADDITION(S): OASIS add-pending completed by CT: _____ (CT initials)

Name of Course	Credits Attempted

CREDIT INCREASE(S): No OASIS action required by CT.

Name of Course	Original Credits Attempted	Increase Credits Attempted to

COURSE DELETION(S): OASIS drop-pending completed by CT: _____ (CT initials)

Name of Course	Credits

REQUIRED SIGNATURES

 Student Signature Date

 Credentialed Teacher Signature Date

 Parent/Guardian Signature Date

 Administrator Signature Date