

Alder Grove Charter School-2
 Addendum to Master Agreement Grades 7-12
 School Year 2020-2021

Student Name: _____ Grade: _____ Birth Date: _____

Term: Fall Spring

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

COURSE ADDITION(S)

Name of Course	Credits Attempted

CREDIT INCREASE(S)

Name of Course	Original Credits Attempted	Increase Credits Attempted to

COURSE DELETION(S)

Name of Course	Credits

REQUIRED SIGNATURES

 Student Signature Date

 Credentialed Teacher Signature Date

 Parent/Guardian Signature Date

 Administrator Signature Date