

IHS Counselors 9th – 10thCircle your counselor's name

Ms. Graham – A-E

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Ms. D. Christopher – F-Le

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Ms. M. Christopher – Re-Z

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Ms. Estvanik – Full Time Cyber

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REGISTRATION CHANGE REQUEST****SHS Counselors 11th – 12th**Circle your counselor's name

Ms. McQuiston – A-D

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Dr. Rockey – Lip-Rie

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Ms. Kostlich – Rif-Z

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Ms. Estvanik – Full Time Cyber

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Last Name

First Name

Grade

Student ID#**DROP**

Course #	Course Name

ADD

Course #	Course Name	Teacher Approval

Date

Parent/Guardian Signature

Date

Teacher Signature - **if applicable*