

Central High School
2023-2024 Student Initiated Drop/Add Request

First Name, Last Name (Print Legibly) _____

Student # _____

Grade _____

Date _____

Current Schedule		
Per	Drop Course	Teacher Signature
1		
2		
3		
4		
5		
6		
7		

Requested Schedule		
Per	Add Course	Teacher Signature
1		
2		
3		
4		
5		
6		
7		

Filling out this form and obtaining parent approval **DOES NOT GUARANTEE** a schedule change. No changes made to switch Teachers, Lunch Periods, or to be with friends.

STUDENT / PARENT STEPS:

1. Complete Form and Obtain Parent Signature
2. Dropping an AP, AICE, Honors, or a CTE course requires a teacher signature
3. Turn Form into Guidance Office
4. I understand that I must continue to attend my original classes until this request has been approved or denied.
5. If this request is approved, I will be sent my new schedule from the Counselor's Office. **I AM RESPONSIBLE FOR MY ATTENDANCE AND ALL WORK UNTIL I RECEIVE A NEW SCHEDULE.**
6. If this request is denied, I understand that I will be required to stay in my original classes and, therefore, must complete all assignments.
7. I acknowledge, by my signature, that I have read and understand the above information.

Student Signature

Date

Parent Signature (Required)

Date

COUNSELOR RESPONSE:

Enrolled in all courses necessary for graduation? _____

Comment:

Counselor Signature

Date

ADMINISTRATOR: (Required to Drop an, AP, AICE, Honors, or CTE course)

Granted: ____ Denied: ____

Signature

Date