**STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE:\_\_\_\_\_\_ DATE:\_\_\_\_\_\_**



ADD & DROP COURSE REQUEST

SCAPPOOSE HIGH SCHOOL

* *Signing this form does not guarantee an official add or delete.*
* *The deadline to add or drop a class without penalty is the last day of the second week of a semester.*
* *Students must follow their current schedule until they have received a new schedule and the change has been made to the teacher’s class list.*

**STEP 1: STUDENT**

**CLASS TO BE DROPPED***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**CLASS TO BE ADDED***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**REASON FOR REQUESTING CHANGE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

 **Student Signature Date**

**STEP 2: CURRENT TEACHER SIGNATURE**

*The student and I have discussed their proposed schedule change.*

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

 **Teacher Signature Date**

**STEP 3: PARENT OR LEGAL GAURDIAN**

*This request may be granted only with your approval. If you would like to discuss this with your child’s counselor or teacher before making a decision, please call 971-200-8005.*

 \_\_\_\_\_ I support schedule change.

 \_\_\_\_\_ I DO NOT support proposed schedule change.

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

 **Parent Signature Date**

**STEP 4: DECISION**

 *\_\_\_\_\_ Request Approved \_\_\_\_\_ Request Not Approved*