

COLD SPRING HARBOR JR. SR. HIGH SCHOOL

2020-2021 Request for Course Change

Student Last name

First name

2019-202 Grade Counselor

DROP:

1. _____

2. _____

3. _____

ADD:

1. _____

2. _____

3. _____

Reason for Request:

1. _____

2. _____

3. _____

Parent Signature (required) _____ Date _____

Parent email _____/Parent Cell Phone # _____

Student Signature _____ Date _____

Student email _____/Student Cell # _____

Please return these forms to The Counseling Center by:

1. Email the form to tgroeninger@csh.k12.ny.us

2. Fax form to The Counseling Center (631) 692-7096

3. MUST BE IN BY JUNE 22, 2020 BY NOON

4. NO CHANGES WILL BE MADE WITHOUT SUBMITTING THIS FORM *Please submit all forms to The Counseling Center ASAP. *Please note that there are NO teacher or period changes to student's schedules. *Priority will be given to academic courses.