Last name, first name	Grade	Today's date	Counselor	Student E-Mail Address	<del></del>
Parent E-Mail Address (required	d for notification):				
Add Deadlines:					
September 18, 2017	for fall-semester or full-ye	ear elective courses			
February 2, 2018	for spring-semester electi	ves			
<b>Drop Deadlines</b> :	Requests for course drops after the deadline require administrative approval. If approval is granted a grade of				
	<mark>"Withdrawal Pass" or "W</mark>	<mark>ithdrawal Fail" will ap</mark>	<mark>pear on the final transcrip</mark>	t depending on the student's grade	<mark>status</mark>
	on the drop date. Parent	signature required he	re for post-deadline drop:	·	
December 22, 2017	for full-year course-level changes (honors/advanced placement to regents, regents to non-regents or extended)				
December 22, 2017	for full-year course drops				
October 20, 2017	for fall-semester electives				
February 16, 2018	for spring-semester electi	ves			
	DROP	PERIOD		ADD	PERIOD
Required: Please exp	DROP  lain the reason for your request.		s page if you need more spa		PERIOD
The student requesting th	lain the reason for your request.	Use the other side of this  ng the required signature  ompleted and the change	es in the order they are lister is approved, the counselor w	ce.  In the completed facility of the completed facility of the completed facility of the complete and will complete the schedule change and well completed facility of the complete change and	form to
The student requesting th	lain the reason for your request.  ne change is responsible for securi	Use the other side of this  ng the required signature  ompleted and the change	es in the order they are lister is approved, the counselor w	ce.  In the completed facility of the completed facility of the completed facility of the complete and will complete the schedule change and well completed facility of the complete change and	form to
The student requesting the his/her counselor by the counselor by e-mail	lain the reason for your request.  ne change is responsible for securion deadline date. Once the form is continued that the change has been made.	Use the other side of this  ng the required signature  ompleted and the change  The change becomes effe	es in the order they are liste is approved, the counselor v ective when the new schedul	ce.  Induction below and turning in the completed for the schedule change and will complete the schedule change and we appears on the Parent Portal.  Date	f <b>orm to</b> vill notify your
The student requesting the his/her counselor by the counselor by the counselor by e-mail  Parent  Teacher	lain the reason for your request.  The change is responsible for securing deadline date. Once the form is contact the change has been made.  Comments Comments	Use the other side of this  ng the required signature  ompleted and the change The change becomes effe	es in the order they are lister is approved, the counselor vective when the new schedul	ce.  In the completed to the schedule change and we appears on the Parent Portal.  Date  Date  Date	f <b>orm to</b> vill notify your

Department Directors/Chairpeople

Art/FACS: Ms. Oswald English/Social Studies: Ms. Donohue Health/Phys. Edu.: Mr. Bongino Math/Science/Tech: Ms. Hansen

Music: Mr. Chiarello Special Education: Ms. Goldthwaite World Languages: Ms. Jordan or Mr. Sloan