

SAUGERTIES JR. SR. HIGH SCHOOL  
COUNSELING CENTER

\_\_\_\_\_  
Date

REQUEST TO:

ADD COURSE  
DROP COURSE  
CHANGE COURSE LEVEL  
DIPLOMA CHANGE

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade:

I hereby request that I be given permissions to DROP the following subject(s):

\_\_\_\_\_  
I hereby request that I be given permission to ADD the following subject(s) to my schedule:

\_\_\_\_\_  
\*\*Please be aware that in some cases, college admissions requirements may be higher than NYS graduation requirements

*Please circle the word "agree" or "disagree" and sign your name.*

PARENT/GUARDIAN - I    agree    disagree    with the request \_\_\_\_\_

DROP TEACHER -        I    agree    disagree    with the request \_\_\_\_\_

DROP TEACHER-        I    agree    disagree    with the request \_\_\_\_\_

COUNSELOR-            I    agree    disagree    with the request \_\_\_\_\_

SPECIAL ED TEACHER- I    agree    disagree    with the request \_\_\_\_\_

Principal's Approval \_\_\_\_\_

(Required after Course Drop Deadline)

ATTENTION TEACHERS – please be sure to initial the Books Returned portion. Also, until you receive drop/add notices from the Counseling Center, the student should still be in your class.

\*\*\*NOTE\*\*\* If anyone disagrees, a conference among the parties may be requested.

COMMENTS: