WILLIAMSTON HIGH SCHOOL DROP/ ADD PARENTAL PERMISSION FORM

STUDENT NAME:		_ PHONE #	
E-MAIL ADDRESS:		GRADE: 12 11 10 9 (circle one)	
APPT DATE/TIN	ME:		
Hour	Class to Drop	Class to Add	
Zero			
1st			
2nd			
3rd			
4th			
5th			
6th			
	ne master schedule is very tight, and we are anticipale change requests. Additionally, schedule change researched in the same switching into another second hour class). Class section numbers must have room to a Class changes will not be made because a section of the control	equests must comply with the following requirements: ame hour (ex: dropping a 2nd hour class requires	
I understand that in s requests listed above		my son's/daughter's schedule in order to accommodate the	
NOTE: This change	e, if possible, will be completed only during the drop/ac	dd session for the student listed above.	
PARENT/GUAF	RDIAN SIGNATURE:	DATE:	