

**WILLIAMSTON HIGH SCHOOL DROP/ ADD
PARENTAL PERMISSION FORM 2018/2019**

STUDENT NAME: _____ PHONE # _____

E-MAIL ADDRESS: _____ GRADE: 12 11 10 9 (circle one)

APPT DATE/TIME: _____ COUNSELOR EREG GREENLEAF (circle one)

COURSE (S) TO BE **DROPPED**:

COURSE (S) TO BE **ADDED**:

Please be aware, the master schedule is very tight, and we are anticipating that we will be unable to accommodate the majority of schedule change requests. Additionally, schedule change requests must comply with the following requirements:

- Class change requests must be within the same hour (ex: dropping a 2nd hour class requires switching into another second hour class).
- Class section numbers must have room to allow the class change.
- Class changes will not be made because a student wants to be with his/her friends.

I understand that in some cases it is necessary to make other changes in my son's/daughter's schedule in order to accommodate the requests listed above.

NOTE: This change, if possible, will be completed **only** during the drop/add session for the student listed above.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____