

Cazenovia High School
Drop/Add Form

Name _____

Date _____

Grade _____

Homeroom _____

Counselor _____

Course which to **DROP**: _____

Reason: _____

Teacher Comments: _____

Teacher Signature to drop course: _____ Date: _____

Parent Comments: _____

Parent Signature to drop course: _____ Date: _____

Counselor Comments: _____

Counselor Signature to drop course: _____ Date: _____

Course to be **ADDED**: _____

Teacher Comments: _____

Teacher Signature to add course: _____ Date: _____

Parent Signature to add course: _____ Date: _____

PLEASE NOTE: Schedule changes are not complete until this form is completed and turned in to the Counselor and the change(s) has been made to the student's schedule.