

Cook County Schools Drop/Add Form

Student's Name _____ Grade _____

- If you do not have a copy of your schedule, see the Guidance Office or the Front Office
- The last day to change classes is one week from the day changes can begin.

Drop (check one): Students *must* have teachers of both the class to be dropped and the class to be added.

_____ Elective Class Name _____ Teacher's Initials _____

_____ Academic Class Name _____ Teacher's Initials _____

Add (check one): Students *must* have teachers of both the class to be dropped and the class to be added.

_____ Elective Class Name _____ Teacher's Initials _____

_____ Academic Class Name _____ Teacher's Initials _____

Comments Concerning Schedule request (parent/students)

Student's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

Please return this completed form to the Guidance Office in the Media Center.

Official's Section

Date Received: _____ **Request Granted** _____ **Request Denied** _____

Explanation:

Official's Signature _____ Date _____