Cook County Schools’ Drop/Add Form

Student’s Name ______________________________________ Grade ________________

Drop (Check one) (Students must have both the teacher of the class to be dropped and the class to be added to initial this form.)

_____ Elective Class       Name of Class _________________ Teacher’s Initials __________

_____ Academic Class      Name of Class _________________ Teacher’s Initials __________

Add (Check one) Students must have both the teacher of the class to be dropped and the class to be added to initial this form.)

_____ Elective Class       Name of Class _________________ Teacher’s Initials __________

_____ Academic Class       Name of Class _________________ Teacher’s Initials __________

Comments Concerning Schedule Request
_____________________________________________________________________________________
_____________________________________________________________________________________

Student’s Signature __________________________ Date __________

Parent’s Signature __________________________ Date __________

****Once this form is completed please return to Mr. Hoffman, your school counselor.
The LAST day to change classes will be by 3:30 pm on the 5th school day of the new semester.
___________________________________________________________________________________

Mr. Hoffman’s Section

Date Received __________

Request Granted  (Please return to student with a corrected schedule attached)

Requested Denied (Please return to student with explanation or either send for student)

Explanation
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Mr. Shannon’s Signature __________________________ Date ______________