

NYACK HIGH SCHOOL SCHEDULE CHANGE REQUEST

STUDENT'S NAME _____

COUNSELOR: _____ SCHOOL YEAR: _____ DATE: _____

Request for Drop/Add:

Counselors recognize that adjustments to a student's schedule may be necessary based on final grades in June. Parent/guardian, school counselors and teachers consult together as appropriate when students request to drop/add or change the level of their course after the semester has begun. Students' program changes are a prime source of concern to everyone, especially to students who must adjust to new classes and materials. Students cannot enroll in any course after 15 days of instruction. The student is responsible for making up missed work when enrolling in a class after it has started.

Students' schedule changes will be permitted for the following reasons:

- Course conflicts
- Results of summer school courses
- Change in level of academic rigor only with the knowledge and approval of Parent/Guardian
- Change of curriculum (e.g. adding new electives if schedule permits)

DROP

ADD

Reason for Drop/Add:

Student Signature:

Dept. Chair. Signature:

Parent Signature:

Principal Signature:

Teacher Signature:

Dir. of Guidance Signature:

Counselor Signature:

PLEASE SUBMIT THIS FORM TO YOUR GUIDANCE COUNSELOR

NYACK HIGH SCHOOL SCHEDULE CHANGE REQUEST

STUDENT'S NAME _____

COUNSELOR: _____ SCHOOL YEAR: _____ DATE: _____

Request Change of Level of Academic Rigor:

Students enrolled in year-long courses have one week following the publication of the 2nd Quarter Progress Report grades to apply for a Change of Level of Academic Rigor. Changes are dependent upon course enrollment and the student's schedule. The parent/guardian, teacher, department chairperson for the subject area, school counselor and Director of Guidance must grant prior approval for any level changes by signing the Schedule Change Request Form.

FROM: _____

TO: _____

FROM: _____

TO: _____

FROM: _____

TO: _____

FROM: _____

TO: _____

Reason for Drop/Add or Change of Level:

Student Signature:

Dept. Chair. Signature:

Parent Signature:

Principal Signature:

Teacher Signature:

Dir. of Guidance Signature:

Counselor Signature:

PLEASE SUBMIT THIS FORM TO YOUR GUIDANCE COUNSELOR