

**Milton High School**  
**Schedule Add/Drop Request Form**

Add/Drop Period- ***Core Classes Only***: January 9-20

Add/Drop Period- ***Other Requests***: January 17-20

***Final Deadline for all requests: January 20***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Email Address: \_\_\_\_\_ Parent Email Address: \_\_\_\_\_

Students are expected to complete courses for which they are enrolled. If changes are necessary, they should be requested in writing by the parent/guardian within the first ten (10) school days of the course. Changes that meet the criteria will be made on an as available basis.

Reason for Request (Check all that apply):

- ☐ I need this course to graduate.
- ☐ I need this course for college admissions.
- ☐ I previously passed this course.
- ☐ This is a duplicate course on my schedule.
- ☐ I have previously failed a course with this same teacher.
- ☐ I have not taken, or passed the necessary prerequisite course.
- ☐ I am taking this course online. (You must have previously submitted a request to take an online course by the October 1, 2016 deadline.)
- ☐ Other : \_\_\_\_\_

**Current Class(es) to be removed:**

1- \_\_\_\_\_ 2- \_\_\_\_\_ 3- \_\_\_\_\_  
4- \_\_\_\_\_ 5- \_\_\_\_\_ 6- \_\_\_\_\_

**Replace with (must list multiple course options) -**

1- \_\_\_\_\_ 2- \_\_\_\_\_ 3- \_\_\_\_\_  
4- \_\_\_\_\_ 5- \_\_\_\_\_ 6- \_\_\_\_\_

1. Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

☐ Request denied      Comments: \_\_\_\_\_

☐ Request approved      Date Processed: \_\_\_\_\_      Initials \_\_\_\_\_

STEP ONE

FILL OUT REQUIRED INFORMATION

STEP TWO

OBTAIN SIGNATURES IN ORDER

STEP THREE

RETURN TO GUIDANCE OFFICE