

Darby High School

CLASS DROP/ADD REQUEST

The top section must be completed by the student before acquiring teacher signatures. No request will be considered without a clear reason for the change.

Student requesting change _____ Date _____

I request to drop _____ Period _____ Semester (1 or 2) _____

I request to add _____ Explain your reason for this change _____

Please be advised schedule changes have the possible impact of putting the student at risk of not being on track to graduate. Graduation requirements are mandates of our School Board and the state of Montana and cannot be circumvented. The requirements are listed in the Darby High School Student Handbook. **Any denials of the request will result in no class change. No change is official until teachers are notified by the Counselor.**

Drop Request:

| Signature of Teacher | Request accepted (yes or no) | Date | Comments |
|----------------------|---------------------------------|------|----------|
| | | | |

Add Request:

| Signature of Teacher | Request accepted (yes or no) | Date | Comments |
|----------------------|---------------------------------|------|----------|
| | | | |

Take this form to the Counselor for approval if both Teachers have approved the request.

| Signature of Counselor | Request accepted (yes or no) | Date | Comments |
|------------------------|---------------------------------|------|----------|
| | | | |

Parent approval required.

| Signature of Parent | Request accepted (yes or no) | Date | Comments |
|---------------------|---------------------------------|------|----------|
| | | | |

Student must return this completed form to Counselor for change to be considered.