



SOUTH EFFINGHAM HIGH SCHOOL

1220 NOEL C. CONAWAY ROAD
GUYTON, GA 31312
TELEPHONE (912) 728-7511
FAX (912) 728-7529



Drop/Add Form

Student Name (Print please) _____ Grade _____

We are requesting that the following classes be changed:

Current Class:

Change Requested:

Reason for Change: (please check all that apply)

- Change in diploma track
- Change in concentration field for Tech Prep Seal or Dual Seal
- Needed for graduation
- Failed first part of a full year course or first course in a sequence

Please note that changes can only be made for reasons listed above. Schedule changes cannot be made to request different teachers or different times for classes. Due to the large volume of students that we must schedule, ninth grade students typically are not able to get into entry-level elective classes.

Please sign all areas below and fax or return to the school as soon as possible. Schedule changes will be made based on necessity of change and availability of classes. If we are unable to change your classes and these changes were a necessity, we will phone you to discuss how we can best satisfy your scheduling needs. Please list below a daytime, evening, and cellular phone number so we can reach you to discuss any concerns should they arise.

Schedule changes are made in the order received and based on the necessity of the change. In order to expedite the process for all students and not bog down the system, please do not call the school, we will contact you as soon as we process your form.

Daytime Phone _____ Evening Phone _____ Cell _____

E-mail Address _____ Fax Number _____

Student Signature

Parent Signature

Response

We received your drop add form, have processed your request and carefully reviewed the possibility for schedule changes.

_____ We were able to make the changes you requested and your schedule is attached

_____ We were unable to make the schedule changes you requested for the following reasons:

- The classes you requested are currently full
- The classes you requested conflict with classes that you need
- You do not have the prerequisite necessary to take the requested class
- Other _____

Counselor processing schedule _____ Date _____

Form Updated: 12-17-09

Home of the Mustangs