



SOUTH EFFINGHAM HIGH SCHOOL

1220 Noel C. Conaway Road Guyton, GA 31312

(912) 728-7511 * (912) 728-7529 FAX



Student Name: _____ Grade: _____

Please Check One:

_____ **Drop/Add Course:** I am requesting that the following classes be changed:

Current Class(es):

Change(s) Requested:

Reason for Change:

- ___ Needed for Graduation
- ___ Pathway Change
- ___ Failed first course in sequence
- ___ Other: _____

Please note that changes can only be made for the reasons listed above.

Schedule changes cannot be made to request different teachers or different times for classes.

Schedule changes will be made based on necessity of change and availability of classes.

If we are unable to make the changes listed above, we will notify the student.

_____ **Course Override:** I am requesting an override from an academic course to a higher level course. I understand that a professional educator has recommended that my child take _____.

Instead, I choose for my child to take _____ for the following reason(s)

By making this choice, I agree that we take responsibility for his/her grades and realize that this course will not be changed once he/she enrolls in it. I also understand that if the course is full, my child's schedule will not be changed.

Parent Signature

Student Signature

Date

Parent E-mail Address

Student E-Mail Address

Parent Phone #

Student Phone #

FOR OFFICE USE ONLY

_____ We were able to make the changes you requested and your schedule has been updated to reflect the change.

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

- _____ The class(es) you requested are currently full.
- _____ The classes you requested conflict with classes that you need.
- _____ You do not have the prerequisites necessary to take the requested class.
- _____ Other: _____

Counselor Signature: _____

Date: _____