

GILMANTON HIGH SCHOOL Drop/Add Form

Name: _____

Date: _____

| DROP | | | |
|--------------|-------------|-------------|----------------------------|
| Class | Term | Hour | Teacher's Signature |
| | | | |
| | | | |

| ADD | | | |
|--------------|-------------|-------------|----------------------------|
| Class | Term | Hour | Teacher's Signature |
| | | | |
| | | | |

Route:

- [] 1. Okayed by Guidance Counselor *or* Principal
 _____ Signature

- [] 2. Needs to be approved by Principal Yes No (circle)
 - a. if enrollment very low or very high
 - b. if dropping from a full year course
 - c. if asking for a drop/add beyond third week of term
 _____ Principal's Signature

- [] 3. Get signatures of both teachers (above).

- [] 4. Get parent/guardian signature. _____
 _____ Signature

- [] 5. **Return to office** for computer entry.