



Roxbury Central School

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Schedule Change Request Form - ADD/DROP

Date of Request: ____/____/____

Student Name: _____ **Grade** (circle one): 09 10 11 12

I am requesting a schedule change be made to my current schedule. In making this request, I am fully aware of the credit/diploma requirements of Roxbury Central School, my progress towards meeting those graduation requirements, and the impact the schedule change has on my overall status.

I am requesting the following course(s) to ADD/DROP:

Course Name:	ADD	DROP	Teacher Signature:

Student Signature (required)

Parent Signature (required)

"Our vision is to provide a safe and caring environment in which our students can develop academically, creatively and socially. Each member of our school community will demonstrate personal integrity, a commitment to learning and an appreciation for cultural diversity."