

SOHI Drop/Add Request

Name: _____ Grade: _____ Date: _____

Students may only turn in 1 add/drop request form per semester.

****Please check your Gmail for a response from your School Counselor.**

****Please check PowerSchool to see if your request has been fulfilled.**

Office use only:

___ Add/drop request completed. Schedule change is reflected in PowerSchool.

___ Gmail sent to student regarding missing form/s. (Release, KPC registration, etc...)

___ Gmail sent to student. Requested class is full or was not requested by student.

___ Schedule change request denied. Gmail sent to student informing them.

After the 5 day add/drop deadline, the grade entered on the student's official transcript will be "NG" (No grade, No credit). After the 20th day of the semester, the grade entered on the student's official transcript will be "F" (Failing grade, No credit).

NOTE: If a student re-takes a course via classroom instruction, Distance Education, KPC, or other outside programs, the student may appeal to Administration. Extenuating circumstances may allow for Administration to approve the "F" to be changed to a "NG" which will not affect the GPA.

P er	Current Class to drop	Teacher Approval (after 5 day add/drop period)	Grade at time of drop	Per	Proposed Class to add	Teacher Approval (after 5 day add/drop period)
1				1		
2				2		
3				3		
4				4		
5				5		
6				6		
7				7		
	FOL/Homeroom	NA	NA		FOL/Homeroom	NA

Reason/s for proposed change/s: (please check all that apply)

___ Missing a core (did not get an English/Math/Social Studies/Science course)

___ Requested by teacher due to inappropriate placement (math level, honors vs. regular, etc...)

Teacher notes and signature _____

___ Have not met prerequisites (See Course Catalog for prerequisites)

___ Error (missing a class period, doubly scheduled class periods, cancelled or newly formed classes, already took class)

___ Distance Ed.

___ College or Home Release (fill out back page of this form and attach KPC registration)

___ Teacher aid (**must see Mr. Neil for teacher aide form, attach form after signed by teacher**)

___ Other (attach Acknowledgement of Counseling Recommendation form if applicable)

Parent/Guardian Signature (required): _____

Principal Approval Signature: _____

(Required after 5 day add/drop period)

Name _____ Grade _____

Soldotna High School Release Form

Release from school is used to accommodate students in their individualized educational plan. Home Release accommodates students who choose not to enroll in a full day at Soldotna High School.

Please explain your request:

1. What special circumstances exist that will prevent you from taking advantage of programs offered at SOHI.

- _____ Working a job
- _____ KPBSD Distance Education course
- _____ College Release (**must attach KPC receipt with this form**)
- _____ Other: _____

Please initial each statement:

_____ I understand that I will not receive a grade or credit for the periods circled below.

_____ I have spoken with my counselor to discuss credits needed for graduation; and I realize that it is my responsibility to know what I need in order to fulfill graduation requirements.

_____ It is my responsibility to be aware of changes in the daily schedule due to assemblies, etc. Announcements are read during 1st hour and are posted on the wall near the front office.

_____ I will attach this signed release form along with a copy of my college course registration, (if relevant) to the Counseling Office.

_____ I will fill out the add/drop request on opposite side.

_____ I understand that it is my responsibility to seek out information I am missing when I am not on campus including information that is sent out in the morning announcements and gmail. Seniors must contact the front office for information about cap/gowns, graduation ceremony participation, etc...

Please circle release hours requested.

Home Release Periods (circle all that apply) 1 2 3 4 5 6 7 Homeroom/FOL

****I consent for my student to have home/college release. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.**

Student

Parent

Counselor

Principal

Semester (circle one): **Fall** **Spring**