

UPPER CAPE COD REGIONAL VOCATIONAL-TECHNICAL SCHOOL

EFFECTIVE DATE: \_\_\_\_\_

DROP/ADD SHEET

STUDENT ID # \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_

GRADE \_\_\_\_\_

The above named student will have a schedule change or is withdrawing from Upper Cape Cod Regional Vocational-Technical School as indicated below. Instructors please sign this sheet and make appropriate changes on your class rosters. PLEASE INDICATE GRADE TO DATE FOR STUDENT LEAVING YOUR CLASS/SHOP.

OLD SCHEDULE – DROP

Period	Course# Section	Subject	Teacher Signature	Grade to date
1				
2				
3				
4				
5				
6				
7				
8				
shop				

NEW SCHEDULE – ADD

Period	Room No.	Course# Section	Subject	Teacher Signature
1				
2				
3				
4				
5				
6				
7				
8				
shop				

COUNSELOR  
SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN  
SIGNATURE \_\_\_\_\_

DOES STUDENT HAVE AN IEP? \_\_\_ YES \_\_\_ NO

If Yes: SPECIAL EDUCATION CONTACT PERSONS SIGNATURE \_\_\_\_\_

DIRECTOR OF STUDENT SERVICES SIGNATURE \_\_\_\_\_

