

HFM BOCES Career and Technical Center

2755 State Hwy #67, Johnstown, N.Y. 12095

518-736-4681 Fax: 518-736-4331

**ADD/DROP FORM
2010-2011 SCHOOL YEAR**

Student Information:

Name: _____

Date of Request: _____

School District: _____

Current CTC Program: _____

AM OR PM (Circle One)

Requested Program Change: We may not have the ability to accommodate all requests. Requests for add/drop should not be considered completed until you receive confirmation that change has been made. (*Please see reverse side of this form for specific requests.*)

➤ **ADD**

Program: _____

AM OR PM (Circle One)

➤ **DROP**

Program: _____

AM OR PM (Circle One)

Student's statement of reason for Add/Drop: _____

Student's Signature

Date

Counselor Comments: (If different from student) _____

Counselor's Signature

Date

To Be Completed by CTC Staff:

Program Add: _____ Effective Date: _____

Program Drop: _____ Effective Date: _____

Approved By: _____

Please check all that apply which best describes what this student needs:

Course	Class Credit	Needs Regents Exam	Passed Regents Exam	Repeating Class		AIS	Regent's Review
				Class Credit	Seat Time Half Year(h) or Full Year(f)		
Applied Math							
Math A							
Math B (year 1)							
Math B (year 2)							
Other: _____							
Anatomy & Physiology							
Biology (w/o Lab)							
Chemistry (w/o Lab)							
Forensic Science							
Other: _____							
English 9							
English 10							
English 11							
English 12							
Other : _____							
Global 9							
Global 10							
US History 11							
Part in Gov't 12							
Economics 12							
Other : _____							
Art							
Health							
Parenting							
Physical Education							
Other : _____							

Please describe below any unique circumstances which do not fit any of the above categories:
