

LYMAN MEMORIAL HIGH SCHOOL GUIDANCE OFFICE

ADD/DROP APPROVAL FORM

Fax (860) 642-3521

Mr. Dave Tedesco (860) 642-5682 / Mrs. Darlene Loukides (860) 642-5685

dave.tedesco@lebanonct.org

darlene.loukides@lebanonct.org

Students are strongly encouraged to email this form to their counselor. This form is used for proposed schedule changes to your student's schedule. The proposed schedule is subject to space availability. Please indicate your approval by signing this form. Please return this completed form to guidance. We ask that students follow their official schedule until notified by a School Counselor. Please be aware that some courses require summer work to be completed before the course begins. Info on summer work is available on the school website. Schedule changes will be completed in a timely manner. Please be aware that dropping courses may also result in forfeited college credits in some cases. Please contact guidance for clarification. Students will be notified that the change has occurred via their school email address.

Student's Name _____ Grade _____

	DROP	ADD	NOTES
1			
2			
3			
4			
5			
6			
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8			

Parent/Guardian Signature _____ Date _____