Effingham College & Career Academy
2940 Highway 21 South
Rincon, GA 31326

p: 912.754.5610
f: 912.330.4296

www.effinghamschools.com/ecca

2025/2026 Drop/Add Form

Requested schedule changes will be honored for true errors as listed in the choice menu below. Schedules WILL NOT be changed to accommodate specific teacher or specific class period requests. Students may only submit one drop/add form during the drop/add time frame. Do not email the counselors/ Instructional Supervisor to check on your request. We will get back to you once we review your request.

Student's Name and BASE School : _____

Career Pathway:_____ **Original Graduation Year:** _____

I wish to drop the following class(es):_____

I would like to add the following class(es):_____

Add/ Drop will be open through **Wednesday March 5th at 2:30 pm.** Forms will not be accepted after this date.

Reasons for this request (your request will NOT be considered if you leave this section blank):

_____ Missing a class period

_____ Need class to graduate or to meet diploma track requirements

_____ Passed this course already

_____ Failed this course, with this teacher

_____ Have not had the prerequisite for this course

Other (specify): _____

WARNING: By signing this request for a schedule change, I realize that my entire schedule may change. Not every class is offered every period of the day and many classes are already full. Changing one class can change an entire schedule, lunch period, and teacher. If the requested changes are made, we will not attempt to change the schedule back to the original.

Student's Signature Date_____

Parent's Signature (Required) Date_____

*Important: Please list phone number and email address: _____

***I understand that by changing my schedule I may be altering my requirements for STEM/ Scholar Endorsement. Student's Signature: _____

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2025 - 2026

Academic Course Override Form

This form is to be completed if a student wishes to take an academic class that was **NOT recommended** by the student's teacher or counselor. Due Wednesday March 5th @ 2:30

Student's Full Name and BASE School _____

Current Grade: _____ **Original Graduation Year:** _____

I understand that a professional educator has recommended that my child take/not take (circle one) the following course(s):

_____

Instead, I wish for my child to take the following course: _____

Reason:

_____

_____

Regardless of my child's academic performance, I understand that my child will not be removed from the course, and my child will still be responsible for all assignments.

By signing this, I agree that I will take full responsibility for my child's grades.

Parent Signature_____

Student Signature_____

Please list phone number and email address_____