Request for Change of Schedule

Student Name: _____   School Year: _____17-18_____

Grade Level entering: _____   Student ID number: _____

Originally Scheduled (include course #)   Change Schedule to: (include course #)

C1_____   _____

C2_____   _____

1. _____   _____

2. _____   _____

3. _____   _____

4. _____   _____

5. _____   _____

6. _____   _____

7. _____   _____

8. _____   _____

Reason for request: (please indicate legitimate reasons for granting request: example: closed out of another class, want a class instead of study hall, want a more challenging class, teacher suggested/requested change (have teacher initial here), parent's wishes, etc)

_____
_____
_____
_____

*If you do not meet the prerequisites of this class or are not taking the course in the scheduled time slot, but the instructor has given you permission to take the course, have the teacher initial next to course.

I am the parent of this student. I have discussed this change with my son/daughter and agree that they should make this change. I understand that the school will make the final determination regarding the change.

_____   _____
        Parent Signature   Date

This form must be completed and signed by a parent. The student should then give the form to the guidance counselor before the end of the day June 2. **Students may only do this one time, so make sure you get the schedule you want on the first try.