



Parent Name(s): _____

Home/Cell Phone: _____

Request for Schedule Change

Final Day for Change Request: Thursday, July 23, 2009

Date: _____ Grade: _____ Counselor: _____

Last Name: _____ First Name: _____ Homeroom: _____

Schedule change requests will be honored under the following circumstances:

Please check the appropriate box below.

- Students who must add PE second semester due to a dropped sport or cut from a sport.
- Students who must drop PE due to joining a sports team in the same semester.
- An additional course added in place of a free block within the existing schedule. Note that the total number of classes cannot exceed eight per semester, and the student's schedule must allow for a lunch block.
- Counselor/Teacher initiated changes, determined through student performance in the class.
- Adjustments determined necessary by a licensed physician/psychologist, or Individual Educational Plan (IEP).
- Our error in scheduling. For example: a schedule that is missing a required course.

Indicate Course(s) to be added and/or dropped and reason:

Add: _____ Drop: _____

Add: _____ Drop: _____

Add: _____ Drop: _____

Reason: Student or teacher must provide a reason if a circumstance box above does not apply.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Teacher's Signature: _____ Date: _____
(Transferring out)

Teacher's Signature: _____ Date: _____
(Transferring in)

Counselor Signature: _____ Date: _____

Assist. Principal for Academics: _____ Date: _____

Fee Waived: Fees can only be waived by the Assist. Principal of Curriculum or a Guidance Counselor

Signature: _____ Date: _____