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Request for Schedule Change for 2016-2017 Deadline to Submit Request is Friday, July 15, 2016

Date: _____ Grade in 2016-2017: _____

Student Last Name: _____ Student First Name: _____

Mailing Address: _____
Street City Zip

Email Address: _____

Parent Name(s): _____

Phone Number: _____

You must attach a check payable to St. Francis High School in the amount of \$50.00. Cash payments will NOT be accepted.

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

Add: _____ Drop: _____

Add: _____ Drop: _____

Add: _____ Drop: _____

Reason: You must provide a reason for your schedule change request(s)

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

You will receive an e-mail from the Guidance Department notifying you that we have received your request.