



Request for Schedule Change for 2017-2018
Deadline to Submit Request is Friday, July 14, 2017 (postmarked)

Date: _____ Grade in 2017-2018: _____

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. 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 valid reason for your schedule change request(s)

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

**Mailing Address: St. Francis High School
Attention: Schedule Change
5900 Elvas Avenue
Sacramento, CA 95819**