

SCHEDULE CHANGE REQUEST FORM

(This request does **NOT** guarantee a schedule change).

NAME _____

CLASS YEAR: FR SO JR SR
(Circle one)

ID# _____

HR# _____

(Printed on your current schedule)

I request the following change(s) be made to my academic schedule. I understand that this request must be:

1. Signed by myself and my parent/guardian.
2. Reviewed and initialed by my counselor if change is requested during the school year.

I understand that no change is official until I receive a **WRITTEN NOTIFICATION** from the Associate Principal.

A \$75 FEE PER SCHEDULE CHANGE FORM IS DUE BEFORE A SCHEDULE CHANGE WILL BE CONSIDERED.

If the change cannot be made, the fee will be returned.

I am making this request for the following reason(s):

Counselor
Initials

Student Signature

Parent/Guardian Signature

Date

I REQUEST THE FOLLOWING CHANGE IN MY SCHEDULE:

DROP:

COURSE NAME	INSTRUCTOR	PERIOD	SEMESTER (Circle One or Both)	
			1 st	2 nd
			1 st	2 nd
			1 st	2 nd
			1 st	2 nd

ADD:

COURSE NAME	INSTRUCTOR	PERIOD	SEMESTER (Circle one)	
			1 st	2 nd
			1 st	2 nd
			1 st	2 nd
			1 st	2 nd

FOR OFFICE USE ONLY:

Request Approved: _____

Computer Updated: _____

Request Denied: _____

\$75 Fee Paid ☐ Date: _____

Student Notified: _____

Cash ☐ Check ☐ Check No. _____

Return this form to the Associate Principal.