

SCHEDULE CHANGE REQUEST FORM

Date _____ Name _____ Grade _____ Student Cell Phone# _____

Student Email address _____ Home Phone # _____

- ✓ Teacher (and period) requests will NOT be accepted
- ✓ Schedules will NOT be adjusted to accommodate jobs or off campus courses
- ✓ Students "outside activities" must be scheduled when school is dismissed after 2:59pm

Parent Signature required on this form

I would like a change to my class schedule for the following reason:

Math Placement Foreign Language Placement Other, please explain
 IB Concerns Add PE (10 - 12 grades)
 Missing a required class Add ROP/Choir/Band/Art

**** Teacher Initial needed for all changes after Aug 26th.**

Please note: Any classes dropped after the 2nd week in the semester will result in an automatic withdrawal/fail (W/F)**

Class I need to Add/Drop: _____ Teacher Initial _____

Class I need to Add/Drop: _____ Teacher Initial _____

Class I need to Add/Drop: _____ Teacher Initial _____

PARENT AGREEMENT: I have discussed this change with my son/daughter and agree with this request.

Parent Signature: _____ Date _____ Phone: _____

Please return completed form to the front office in the box labeled schedule changes

You must attach your original schedule to this request.

**Check back at the front counter within
24-48 hours to receive your new schedule.**