

SCHEDULE CHANGE REQUEST FORM

STUDENT NAME: _____ **GRADE:** _____ **DATE:** _____

INSTRUCTIONS:

1. Complete this form and return to the main office. Students should obtain teacher signature(s) of course(s) they are dropping. Teacher Signature only required during the school year.
2. A \$25.00 processing fee must accompany your request.
3. Students will be informed when a request has been granted.

* **1st Semester Changes:** There will be no schedule changes after the **first five days of fall semester.**

* **2nd Semester Changes:** Any changes must be submitted during **the week of fall exams.**

COURSE(S) TO BE DROPPED:

Course	Period	Teacher	Teacher Signature
1.			
2.			
3.			

COURSE(S) TO BE ADDED:

Course	Period	Teacher
1.		
2.		
3.		

REASONS FOR CHANGE(S):

This form does not automatically guarantee that the change will be granted. Your check will be returned to you if the request cannot be granted.

PARENT'S SIGNATURE: _____ **PHONE:** _____

Approved _____ Disapproved _____