

SCHEDULE CHANGE REQUEST FORM

Name _____

Grade _____

Students: Please complete this form if you have concerns regarding your schedule. Please provide as much information as possible to enable us to determine the changes necessary on your schedule. Please note that this is a **request** form and that some changes will not be possible due to class sizes, your required courses and when the courses are offered, etc. We will do our best to ensure that your concerns are addressed in a timely fashion. ***Please note: a parent/guardian signature IS required or your request will not be processed.*** Thank you!

Courses requested to drop:

1. _____

Reason for change (please provide as much information as possible).

2. _____

Reason for change: (please provide as much information as possible).

Courses requested to add:

1. _____

Reason for change: (please provide as much information as possible).

2. _____

Reason for change: (please provide as much information as possible).

Parent/Guardian Signature (required): _____

Date received by guidance office: _____

Guidance Office Signature: _____

Date schedule changes occurred: _____