SCHEDULE CHANGE REQUEST FORM

ID# ___________________ NAME ___________________ (last) ___________________ (first) ___________________

DATE OF REQUEST ___________________ DATE OF CHANGE ___________________ Initial ___________________

GRADE  9  10  11  12

If you believe that you have a valid reason for requesting a change in your schedule, please complete and return this form to the Counseling Center.

COURSE TO BE DROPPED: ____________________________________________________________

REASON FOR REQUESTING CHANGE: ________________________________________________

COURSE TO ADD: ________________________________________________________________

(1) ________________________________________________ (Counselor) (Date) (circle)

AGREE DISAGREE

STUDENTS: PLEASE SEE TEACHERS AND ADMINISTRATORS BEFORE SCHOOL, AFTER SCHOOL, OR BETWEEN CLASSES.

(2) ________________________________________________ (Teacher/Sponsor) (Date) (circle)

AGREE DISAGREE

Will not sign until I have talked to a parent/guardian.

Please contact me (phone) _____________________________ (time) ___________________

TEACHER COMMENTS: ____________________________________________________________

(3) ________________________________________________ (Parent/Guardian) (Date) (circle)

(4) ________________________________________________ (Administrator if requested) (Date) (circle)

(5) ________________________________________________ (Teacher - book returned) This signature obtained only after signature #4.

* Drops made WITHIN the first 10 days of each semester DO NOT show on the student's permanent record and ARE NOT counted in the grade point average.

* Drops made AFTER the first 10 days of each semester will be entered as an "F" on the student's permanent record and WILL be counted in the grade point average.