Schedule changes will be prioritized based upon academic necessity (ex. missing a required class). Our goal is to maintain balanced class sizes and use limited resources wisely. **Please complete this form in its entirety** and be as specific as possible to expedite your request.

TURNING IN THIS FORM DOES NOT GUARANTEE A CHANGE WILL BE MADE. CHANGES ARE NOT IN EFFECT UNTIL THE STUDENT RECEIVES A REVISED SCHEDULE OR NOTIFICATION FROM THE COUNSELING OFFICE. **PLEASE FOLLOW YOUR CURRENT SCHEDULE TO AVOID ATTENDANCE ISSUES.**

Name ________________________________ Grade _____ Date of Request _________________

Cell Phone # _____________________ Email address: ____________________________

Schedule changes must meet one or more of the following academic reasons.

Please select the reason for your request:

___ Missing a required class
___ Multiple classes per hour
___ Completed scheduled course during Summer School
___ Change needed based on documented disability
___ Change needed to make up a class that was previously failed
___ PE change to meet your Health & Fitness goals/needs
___ Add an elective
___ Drop a class (please be specific which class and why – parent signature required)

Please describe your request in detail. If dropping a class, please note what course you’d like to add to replace the credits.

____________________________________
Student Signature (required)

____________________________________
Parent Signature (required for dropping a class)

Thank you for completing this form. It provides helpful information to assist in the prioritization and decision-making process. **The deadline for schedule changes is Wednesday, August 29 at 3:00 pm.**