

Student Name:

LAST NAME

CONNETQUOT HIGH SCHOOL

Guidance Department

190 Seventh Street, Bohemia, New York 11716-1331 Phone (631) 244-2228, press Option 2 for Guidance

SCHEDULE CHANGE FORM

FIRST NAME

Grade:

Date: School Counse	elor:
Parent Phone:	Student Phone:
Email Address:	
COURSE REQUESTS MADE LAST SPRING ARE FINAL	
<u>DIRECTIONS:</u> Please complete this form return to the High School Guidance & Counseling Office by mail, email to chsguidance@ccsdli.org , or drop it off in the High School Main Lobby. Appointments will not be made with counselors to adjust student schedules. If your request cannot be accommodated or more information is needed, you will be contacted.	
What is the issue? CHECK THE APPROPRIATE CATEGORY	Describe the issue: IF THIS PORTION IS NOT FILLED IN, YOUR COUNSELOR CANNOT REVIEW YOUR REQUEST AND MAKE APPROPRIATE CHANGES
**No schedule changes will be made for the following: Early Dismissal or Late Arrival, Change of Lunch Periods	
O Missing Graduation Requirement (ex. English, Math, SS, PE, Health)	
O Missing a Lunch Period	
O Schedule incomplete – missing a class period	
LEVEL CHANGE REQUESTS:	
> All level changes up or down, must be requested by completing a Level Change Form, which is available on the CHS website. The form must have the approval of the parent, Teacher, and Director/Chairperson.	

CHS Request Course Schedule Assistance Form v. 08.16.2023