

SCHEDULE CHANGE REQUEST FORM

STUDENT'S NAME: _____ GRADE: _____ DATE: _____

INSTRUCTIONS:

1. Complete this form and return to the main office. Students should obtain teacher signature of courses they are dropping
2. A \$25.00 processing fee must accompany your request.
3. Students will be informed when request has been granted.

* Please note there will not be schedule changes after the **first five days of a semester**. 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.

COURSE(S) TO BE DROPPED: COURSE (Teacher Signature only required during school year.)

Course	Period	Teacher	Teacher Signature
1.			
2.			
3.			

COURSE(S) TO BE ADDED: COURSE

Course	Period	Teacher	Teacher Signature
1.			
2.			
3.			

REASONS FOR CHANGE(S):

PARENT'S SIGNATURE: _____ PHONE: _____

Approved _____ Disapproved _____