

SCHEDULE CHANGE REQUEST FORM

- SCHEDULE CHANGES WILL BE CONSIDERED FOR VALID EDUCATIONAL REASONS ONLY.
- SEMESTER COURSE WILL NOT BE DROPPED AFTER THE FIRST **SIX** DAYS OF CLASSES (UNLESS THE STUDENT IS CARRYING AN OVERLOAD OF SEVEN COURSES).
- FULL YEAR COURSE WILL NOT BE DROPPED AFTER THE FIRST **TWELVE** DAYS OF CLASSES.
- NO REQUESTS FOR **LUNCH** PERIOD CHANGES WILL BE GRANTED.
- **PHYSICAL EDUCATION** PERIOD CHANGES WILL NOT BE MADE.
- REQUESTS FOR **EARLY DISMISSAL OR LATE START** WILL NOT BE GRANTED.
- STUDENTS MAY NOT CHANGE **TEACHERS** WITHIN THE SAME COURSE LEVEL.

NAME: _____ STUDENT ID #: _____

GRADE: _____

COURSE(S) TO BE DELETED FROM SCHEDULE:

_____ COURSE #

COURSE(S) TO BE ADDED TO SCHEDULE:

_____ COURSE #

REASON FOR REQUESTING SCHEDULE CHANGE:

STUDENT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

TELEPHONE #: _____

TEACHER(S)

SIGNATURE: _____

