

STUDENT REQUEST FOR SCHEDULE CHANGE
(Please Print)

Date _____ Grade Level _____ School Counselor _____

Name _____ Student# _____

Period you are requesting to change: _____ Teacher's Name: _____

Reason for schedule change: Must meet criteria listed below, please circle

1. Class needed to meet Graduation Requirement
2. Class needed to fulfill Academy Contract
3. Parent **and** Student Request to take more rigorous class (Honors, AICE, AP)

Course you want to DROP: _____

Course you want to ADD: _____

- **Specific teacher requests will NOT be considered.**
- **You are not able to request a specific lunch.**
- By signing this request, I understand my other classes and/or lunch may change
- Check here if you would like to cancel this request if other classes and/or lunch have to be changed.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Best Parent Contact #: _____

NO REQUESTS WILL BE ACCEPTED AFTER: *8/23/2019*** without a**
Parent/Teacher/Student Conference

PLEASE RETURN THIS FORM TO YOUR GRADE LEVEL SUPPORT CENTER
****FORMS MUST BE SIGNED BY BOTH PARENT & STUDENT TO BE PROCESSED****

**** OFFICE USE ONLY****

Approved _____ Date: _____

Denied _____ Date: _____

Reason: _____