SHS SCHEDULE CHANGE REQUEST FORM

NAME (first and last):_____ Grade _____

Date: _____ **Schedule changes can only occur through the 10th day of the semester**.

Schedule changes WILL NOT be made based on lunch, period or teacher. Some students may be in a class that they did not request in the Spring. The reason for this is because the class is full or it does not fit into a student's schedule based on other class requests. Be aware that other parts of your schedule may change to accommodate your request.

Please check all that apply:

❑   Need to take a required course   ❑   Inappropriate skill level

❑   Lack of prerequisite   ❑   Incomplete schedule

❑   Medical Issues   ❑   Time/Work Release or TA

Describe the issue: _____

_____

_____

I want out of (class name) _____

I want in to (List 3 options) 1. _____

                                            2. _____

                                            3. _____

ATTEND CURRENTLY ASSIGNED CLASSES UNTIL NOTIFIED!

PHONE #: _____   EMAIL: _____

It is expected that if the student has a conflict with a specific teacher, he/she needs to meet with the teacher/parent/administrator to work out a solution.

_____

COUNSELOR SECTION

APPROVED   **DENIED**

Counselor Signature _____