



# 2017-18 School Year Schedule Change Request Form

- Class changes will **ONLY** be made for the reasons listed below
- Teacher and parent/guardian signatures are required to drop and/or add a class
- Teacher preference changes are not allowed

**Completed form is due to the Counseling Office  
NO LATER than Monday, July 31<sup>st</sup> 2017**

**Reason for Change**

**Drop**

**Add**  
(please list 1<sup>st</sup> and 2<sup>nd</sup> choice)

- Senior needing a graduation requirement not listed \_\_\_\_\_
- Missing a grade level required course \_\_\_\_\_
- Failing a course \_\_\_\_\_
- Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_  
Teacher Signature

**All Classes Are Impacted**

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Please PRINT)

X \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

FOR COUNSELING OFFICE USE ONLY

Class Change Request:      **GRANTED**                      **NOT GRANTED\***



\*We are unable to complete your request for classes next year due to:

- Class is full \_\_\_\_\_
- Course requested conflicts with your schedule \_\_\_\_\_
- Class is not offered \_\_\_\_\_
- Other \_\_\_\_\_

*Thank you!      Counseling Crew*

Mrs. Hunter  
Mr. Spratling

Mrs. Woods  
Mrs. Hanson