

2019-20 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 changes are not allowed

Completed form is due to the Counseling Office NO LATER than Thursday, May 9th, 2019

Reason for Chan	ge	<u>Drop</u>	Add (please list 1 st and 2 nd choice)
Senior needing a graduation requirement not listed			
Missing a grade level re course	equired		
Failing a course			
Other:			X Teacher Signature
		All Class	es Are Impacted
Student Name:		_Student ID Number:	Grade:
X Parent/Guardian Signa	ture <i>REQUIRED</i>	 Date	

FOR COUNSELING OFFICE USE ONLY			361
Class Change Request:	GRANTED	NOT GRANTED*	
*We are unable to complete y Class is full		es next year due to:	
Course requested conf	licts with your sched	lule	
Class is not offered_			
Other			
Thank you!	Counseling Cre	Mrs. Hunter W Mr. Spratling	Mrs. Woods Mrs. Hanson