

Counselor: Mrs. Barnes/ Mr. Canty

Date: _____



STUDENT REQUEST FOR SCHEDULE CHANGE

The **ONLY** Schedule Changes that will be made are those which are **absolutely** necessary such as:

1. **A MISTAKE on a schedule**
2. **A COURSE needed to GRADUATE**
3. **A COURSE needed to meet REQUIREMENTS for POST HIGH SCHOOL EDUCATION**

STUDENT NAME: _____

GRADE: _____ STUDENT ID: _____ HOMEROOM: _____

Request to **DROP**: _____ Period: M T W R F
(circle reason above) (circle days of week)

Other Reason _____

Request to **ADD**: _____ Period: M T W R F
(circle days of week)

Student Signature

Parent Signature

NOTE: You are to follow your present schedule until any requested schedule change is **authorized** by the Guidance Counselors.

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