Counselor: Mrs. Barnes/ Mr. Canty Date:	Counselor: Mrs. Barnes/ Mr. Canty	Date:
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STUDENT REQUEST FOR SCHEDULE CHANGE

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

1. A MISTAKE on a schedule

Student Signature

- 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 :(circle reas	son above)	Period: M T W R F (circle days of week)
Other Reas	Son	
Request to ADD :		Period: M T W R F (circle days of week)
Student Signature	Parent Signat	ure
NOTE: You are to follow you	ur <u>present schedule</u> until any <u>requested schedul</u>	le change is <u>authorized</u> by the Guidance Counselors.
Counselor: Mrs. Barnes/ Mr	Canty	Date:
The <u>ONLY</u> Sche 1. A MISTAI 2. A COURS	TUDENT REQUEST FOR SCH edule Changes that will be made are the KE on a schedule SE needed to GRADUATE SE needed to meet REQUIREMENTS for	ose which are absolutely necessary such as:
COLUMNIA MADA		
STUDENT NAME:		
GRADE:	STUDENT ID:	HOMEROOM:
GRADE: Request to DROP : (circle reas		Period: M T W R F (circle days of week)

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

Parent Signature