

SCHEDULE CHANGE REQUEST FORM

(updated August 2010)

Use this form to request a change in your class schedule. All changes must be approved by the teachers and your parents. Completing this form does not guarantee your schedule change is approved. In some instances your request may not be granted. The counselor and principal make the final decision for all schedule changes.

Student Name: _____

Date submitted: _____

Period/Block	Class Name	Teacher's Signature		Period/Block	Class Name	Teacher's Signature
Period 1 (A)				Period 1 (A)		
Period 2 (B)				Period 2 (B)		
Period 3 (C)				Period 3 (C)		
Period 4 (D)				Period 4 (D)		
Period 5 (E)				Period 5 (E)		
Period 6 (F)				Period 6 (F)		
Period 7 (G)				Period 7 (G)		

Student's Signature: _____

Parent's Signature: _____

Notes:

Completed by: _____