Schedule Change Request*

Student Name: _____
First Name **Last Name**

Grade: _____

Class(es) to Remove: _____

Desired Class(es): _____

Reason for Request (Please be specific)**:** _____

_____

_____

_____

_____

Any Special Accommodations Needed: _____

Parent/Guardian Name: _____
First Name Last Name

Parent/Guardian Signature: _____

Home Phone: _____

Cell Phone: _____

Email: _____

*We will look at each request on a case by case basis. Due to limited space in select class(es), we may not be able to honor every request.

For Office Use Only

Approved: _____ **Unapproved:** _____

Administrator's Signature: _____

Date Parent/Guardian Notified: _____