



SKYLINE HIGH SCHOOL

STUDENT SCHEDULE CHANGE REQUEST

***Please fill out the schedule change form COMPLETELY and return to your counselor. If a change can be made, you will be contacted. We cannot guarantee changes due to class sizes, diploma requirements etc.. INCOMPLETE FORMS will be returned. ***

Date: _____ Counselor: ☐ Burton(A-G) ☐ Sasser-Stout (H-Q) ☐ VanEtten (R-Z)

Student Last Name: _____ First Name: _____

Grade: 12 11 10 9 Phone: _____ Email: _____

Diploma: ☐ Standard ☐ Advanced Athlete: ☐ Yes ☐ No Sport: _____

We will NOT honor requests for particular teachers, semesters or blocks for classes. Please be aware many classes may be full and changes may not be possible. Some classes are fee based and if a change is made you will be billed for any fees. If you drop a fee based course, please submit a refund request form from Skyline High School's bookkeeper.

Course Change Information:

DROP Course Name	ADD Course Name	Reason

**** The deadline to submit schedule changes will be: AUGUST 18, 2025.****

Student Signature: _____

Parents Signature: _____

*All students must have a parent signature in order for a change to be made.

Office use Only:

Counselor Received: _____ Changes Made: Y / N _____ Student Notified: _____
Bookkeeper Notified: _____