



St. John Paul II Catholic High School

Schedule Change Request Form

Student: _____ Grade: _____

Reason for requested change: _____

Semester: _____ Quarter: _____

FROM:			
Class	Period	Teacher	Teacher Signature

TO:			
Class	Period	Teacher	Teacher Signature

Required Approval Signatures:

Parent/Guardian: _____ Date: _____

Counselor: _____ Date: _____

Administrator: _____ Date: _____

The \$50.00 fee for each class schedule change will be invoiced to your FACTS account.