

Please circle counselor's name:

Ms. Watts (A-G)

Ms. Alicea (H-O)

Mrs. Cooper (P-Z)

CLASS/SCHEDULE CHANGE REQUEST FORM

The following are guidelines for class/schedule changes:

1. If a student does not have 6 credits or the equivalent of 6 credits each semester.
2. If a student wants to go up a level, i.e. Geometry to Honors Geometry, English to Hon.English (requires teacher approval).
3. Adjustments due to successful completion of summer school.
4. If a student's schedule is in error.
5. Add any additional course(s) where enrollment permits and does not require movement of other courses.

If a student drops a course after the last day of the preceding school year and does *not* meet one or more of the above listed criteria, then the student will be charged \$50 to make the change.

Name _____ Grade _____ Date _____

Email Address _____ Cell Phone _____

CLASS DROP REQUESTED

CLASS ADD REQUESTED

Your counselor and the administration will review this request. Be aware of eligibility requirements for athletics and other school activities as you consider schedule changes. Any class that is dropped and does not meet one of the requirements for dropping can only occur subsequent to payment of \$50 and only if there is an opening in the class.

COMPLETE THE FORM (FRONT AND BACK) AND BRING IT TO GUIDANCE.

Step 1. Student's statement explaining the reason for the request. Be thorough.

Student signature _____ (OVER)

Step 2. Parent statement or attach a note.

Parent Signature ----- **Home/Cell Phone** -----

Work Phone -----

Step 3. Teacher comment: (If you have attended this class).

Teacher Signature -----

----- **Approved**

----- **Rejected – Reason given below**

Counselor Signature ----- **Date** -----