

HERITAGE HIGH SCHOOL GUIDANCE DEPARTMENT
YOUR COUNSELOR IS BASED ON THE FIRST LETTER OF YOUR LAST NAME.

A-D MRS. CAMPBELL

L-R

MRS. ALLEN

S-Z

MS. ELLIS

E-K MR. FRANKS

REGISTRAR

MRS. WHITING

SCHEDULE CHANGE REQUESTS—SCHOOL YEAR 2018-2019

- NO STUDENT MAY DROP AN HONORS OR AN AP CLASS
- NO STUDENT MAY CHANGE FROM ONE TEACHER TO ANOTHER
- NO FORMS WILL BE TAKEN AFTER FRIDAY AUGUST 10TH AT 4:00 P.M.

PRINT THE FOLLOWING INFORMATION LEGIBLY. This form must be filled out fully.

STUDENT NAME _____ GRADE _____

PARENT NAME _____

PARENT CONTACT NUMBER(S) _____

SELECT ONE OF THE FOLLOWING AS THE REASON FOR YOUR REQUEST. PLEASE UNDERSTAND THAT MOST CLASSES ARE FULL, BUT COUNSELORS WILL LOOK AT POSSIBILITIES FOR YOU.

_____ I HAVE ALREADY PASSED _____ WHICH IS ON MY SCHEDULE.

_____ I HAVE FAILED _____ WHICH I NEED TO RETAKE.

_____ I DO NOT HAVE THE PRE-REQUISITE FOR _____ ON MY SCHEDULE.

_____ I NEED THIS ACADEMIC CORE CLASS: _____

_____ I NEED _____ TO COMPLETE A CAREER PATHWAY.

_____ I PLAN TO TRY TO TEST OUT OF _____

_____ I WOULD LIKE TO DROP _____ AND ADD _____

What you would like for your counselor to know: _____

SIGNATURE OF STUDENT _____

DATE _____

SIGNATURE OF PARENT _____

DATE _____