

COMMUNITY HIGH SCHOOL SCHEDULE CHANGE REQUEST

Student Name: _____

Date Submitted: _____ Current 1st Period Teacher: _____

Did you turn in a schedule request form in the spring? Yes _____ No _____ Current Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Signature: _____

(Required for 9th and 10th grades only)

Return this form to the **FRONT OFFICE**. No phone calls will be accepted for schedule changes. Students will receive notification after the request is processed.

Period	Course to Drop	Period	Course to Add
_____	_____	_____	_____
_____	_____	_____	_____

CHECK THE REASON THIS CHANGE IS REQUESTED:

1. _____ I have taken and passed this course.
2. _____ I have not met the prerequisite for this class.
3. _____ I have a conflict with another class.
4. _____ Teacher recommendation. (Teacher of class to be added/dropped)

_____ (Teacher signature **required**)

(Teacher signature)

5. _____ Other (Explain) _____

DO NOT WRITE IN THIS AREA. FOR OFFICE USE ONLY.

Status Approved: _____ Denied: _____ Date: _____

Reason for Denial: _____

Counselor Signature: _____