

# CLASS CHANGE REQUEST FORM

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## PLEASE READ THE FOLLOWING ITEMS CAREFULLY:

- Class change requests must be **detailed**.
- All signatures are required on this form (including teachers, parent, and student).
- Deadline for returning form to counseling office drop box: **Friday, August 21<sup>rd</sup>**
- No late forms will be accepted.
- Class changes are subject to availability, class size, and other variables.
- Final approval/denial for schedule changes will be granted by Mrs. Freestone/Mr. Jenkins.
- **Students must attend their given schedule until notified if a change has been made.**
- Must follow above procedure to avoid being marked absent resulting in mandatory detentions.

DROP COURSE			ADD COURSE		
Period	Course	Teacher Signature	Period	Course	Teacher Signature

**REASON FOR SCHEDULE CHANGE (BE DETAILED – USE THE BACK OF PAGE IF NECESSARY)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

**A \$5 FEE WILL BE CHARGED FOR APPROVED SCHEDULE CHANGES AND MUST BE PAID BEFORE CHANGES WILL BE MADE**

**OFFICE USE ONLY:**

APPROVED: \_\_\_\_\_

DENIED: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_