

CLASS CHANGE REQUEST FORM Semester 2

Name: _____

Date: _____

PLEASE READ THE FOLLOWING ITEMS CAREFULLY:

- Class change requests must be **detailed**.
- All signatures are required on this form (including teachers, parent, student, and **administrator**).
- Deadline for returning form to counseling office drop box: **Friday, January 7, 2021**
- 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 Mr. Chavez/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

MR. DALTON OR MRS. KUHNZ APPROVAL

APPROVED: _____

DENIED: _____

Reason: _____
