

Schedule Change Request Form



Student First & Last Name _____

Date _____

Schedule Changes Requested

If class period is unknown, simply list desired classes to drop/add.

Period	Class Dropped	Teacher Initials	Class Added	Teacher Initials
1				
2				
3				
4				
5				
6				
7				
8				

Academic Reason for Desired Change:

SIGNATURES REQUIRED

I understand that...

- Schedules were originally created based on student requests that were signed by parents.
- Schedule changes will be considered based on grade-level priority, class size, and counselor/principal discretion.

Changes will not be entered into RenWeb until the school counselor receives this form fully completed & signed below.

1	Student	
2	Parent – must sign	
3	School Counselor	
4	(Principal)	

Start Date for Changes _____