

Schedule Change Form 2006/07

Complete this form and return to main desk as soon as possible. Follow your current schedule until you receive your new schedule. A copy of your new schedule will be at the main desk when completed.

Student Name _____ **ID#** _____ **Date** _____

Please select one of the boxes below by date.

1st – 10th Day

1st Semester - Sept 6th – Sept 19th

2nd Semester – Feb 5th – Feb 16th

(Grade will not post to transcript)

11th Day – 5th Week

1st Semester - Sept 20th – October 25th

2nd Semester – Feb 26th – March 30th

(“W” will post to transcript)

5th Week - End

1st Semester – October 26th – Feb 1st

2nd Semester – April 2nd – June 20th

(Grade posted to transcript)

Class To Drop

Course Name _____

Course # _____ Sect # _____

Reason _____

Teacher Signature _____

Class To Enroll

Course Name _____

Course # _____ Sect # _____

Approved _____ Denied _____

Teacher Signature _____

Reason For Schedule Change

_____ Hole In Schedule

_____ Assigned to inappropriate class, e.g. wrong math level or class.

_____ Missing a class needed for graduation

_____ No schedule provided

Counselor Signature/Date _____

Administration Signature/Date _____

Registrar Completed/Date _____

Attendance Complete/Date _____

Class To Drop

Course Name _____

Course # _____ Sect # _____

Reason _____

Books Returned _____

Teacher Signature _____

Class To Enroll

Course Name _____

Course # _____ Sect # _____

Approved _____ Denied _____

Teacher Signature _____

Brief Description of Extenuating Circumstances

Parent Signature _____

Counselor Approved _____ Denied _____

Signature/Date _____

Administration Approved _____ Denied _____

Signature/Date _____

Class To Drop

Course Name _____

Course # _____ Sect # _____

Reason _____

Books Returned _____

Teacher Signature _____

Class To Enroll

Course Name _____

Course # _____ Sect # _____

Approved _____ Denied _____

Teacher Signature _____

Brief Description of Extenuating Circumstances

Parent Signature _____

Counselor Approved _____ Denied _____

Signature/Date _____

Administration Approved _____ Denied _____

Signature/Date _____