

Request for Class Change 2018-2019

Important – Please be aware of the following:

- A. If your requested change is made, **it may cause the order/teachers of your entire schedule to change.**
- B. Return the completed form to the Counselor's Office.
- C. **No lunch changes, no period switches, no teacher changes are allowed!**

STUDENT NAME _____ STUDENT ID# _____

Counselor _____ AD Room Teacher _____

Grade (circle one): Freshmen Sophomore Junior Senior

Today's Date _____

REQUEST TO DROP

<u>Course Number</u>	Course Name	Reason for drop	Is this course a graduation requirement?
			YES/NO
			YES/NO

REQUEST TO ADD- Please list in order of preference

(Please provide **SEVERAL** options. Counselor will weigh choices with availability)

<u>Course Number</u>	Course Name

REQUIRED SIGNATURES:

STUDENT: _____

PARENT: _____

EMAIL CONTACT: _____ @ _____

** (If change request cannot be made we will email you at email address provided) **Please write legibly.**

IF THIS FORM IS NOT COMPLETE IT WILL BE RETURNED TO YOUR AD ROOM TEACHER!!

****No Teacher Changes Allowed**

****No Lunch Changes Allowed**

****No Period Switches Allowed**