

# Request for Class Change 2019-2020

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?	Do you have the textbook?
			<b>YES/NO</b>	<b>YES/NO</b>
			<b>YES/NO</b>	<b>YES/NO</b>

### 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**