

Student Name _____

Grade Level for 2010-2011:
(Circle)

Freshman

Sophomore

Junior

Senior

SCHEDULE CHANGE REQUEST FORM

Please use a copy of the master schedule to determine if the changes you wish to make are possible. Once the possibility of any changes has been determined, use the form below to indicate what your entire schedule should be as a result of your proposed changes. In addition, you **MUST** provide a legitimate reason for the changes (i.e. no student will be allowed to make a schedule change just to be in the same class/lunch as their friends, etc.). Once the form has been completed, please return it to the school office as soon as possible.

A PARENT OR LEGAL GUARDIAN MUST SIGN ALL SCHEDULE CHANGE REQUESTS!

THE LAST DAY FOR SCHEDULE CHANGES IS FRIDAY, AUGUST 27, 2010!

Semester I

Semester II

0 _____

0 _____

1 _____

1 _____

2 _____

2 _____

3 _____

3 _____

4 _____

4 _____

5 _____

5 _____

6 _____

6 _____

7 _____

7 _____

Reason for change(s):

Parent/Guardian Signature _____