

High School Schedule Change Request Name: _____ Grade: 9 10 11 12

****REQUIRED:** Reason for Schedule Change Request? _____

- Use posted master schedules to check course availability. Highlighted classes are full so they are **NOT** available. Do **NOT** include them in your requested changes.
- List your request below.
- Parent signature is required.
- Place in bin on Counseling Office door.

Period 1	Period 5
Period 2	Period 6
Period 3	Period 7
Period 4	Period 8

Parent Signature _____

Office Use: Date Recd

***Schedule changes End: Friday, December 15, 2017**

Please note following policy:

*Schedule changes without penalty will be made within the first 2 WEEKS of the semester (this includes changing, adding or withdraw from courses). After that date, students cannot add courses to their schedule.

*Students may withdraw from a class within the first 4 WEEKS of a semester without penalty. An F will appear on the student's transcript if he/she withdraws from a class after the 4 WEEK deadline. (teacher approval is required for a student to drop a core course)

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