Student Schedule Change Procedure

Any school year schedule is the result of several months of work on the part of the master scheduler, guidance personnel, the teaching staff, students, parents, and the administration. Any student change at this point in time will have a dramatic effect on the attempt that has been made to create the best possible academic environment for both our students and our teaching staff. Students will have **the first five school days of each semester** for student-initiated schedule changes. Teachers, however, may initiate ability driven changes beyond this point. Schedule issues that have arisen from imbalances of conflicting classes have been resolved over the summer.

Therefore, any student schedule change to be considered will require the following information in comprehensive form. Please complete the information below and return this form to the office by the next day. Again, all schedule change requests after this date will be based upon teacher recommendation.

**Reason for the change:**

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Class to be dropped: _____________________________________

Class to be added: _______________________________________

All changes are subject to administration review and approval. Please be aware that the change **may not** be possible. Changes will be considered on a case-by-case basis and each student making a request will be contacted regarding the status of the requested change as soon as possible.

**NOTE:** Students are to remain in their previously scheduled classes until notification of an approved change.

Student Signature: _______________________________________

Student Printed Name: _____________________________________

Parent Signature: _________________________________________

Parent Printed Name: _____________________________________