SCHEDULE CHANGE REQUEST FORM

Student _____ Homeroom _____ Date _____

The following form must be completed in full prior to any schedule change made for a student. Please return this form to the office and your request will be considered. Except in extremely special circumstances, no schedule requests will be honored after the first full week of a semester due to grades, attendance and other computer reporting system requirements.

Complete the entire schedule & teachers, in order, including Related Arts

Current Schedule	Requested Schedule

Reason for Request:

_____

_____

_____

_____

_____

_____

Approved / Denied

Date