**SCHEDULE CHANGE REQUEST FORM**

*TOP SECTION IS TO BE COMPLETED BY THE STUDENT*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_House: \_\_\_\_\_\_Grade Level: \_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade in Course (Letter Grade & Percentage): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course to be dropped: \_\_\_\_\_\_ \_\_\_\_\_

Course to be added (pending Advisor approval): \_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for dropping **(TEACHER CHANGES WILL NOT BE CONSIDERED):**

Have you met with your teacher regarding this/these concern(s)? [ ]  YES [ ]  NO

Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What have you done to improve your grade in this class?

* Attended tutoring
* Worked with a tutor
* Been to teacher office hours at lunch/after school
* Peer support group
* Have not done anything
* Other (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_
Parent Signature Student Signature Date

*THIS SECTION IS TO BE COMPLETED BY THE ADVISOR*

Date received by Advisor \_\_\_\_\_\_\_\_\_\_\_

Recommended course to be added: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes from Advisor:

Student grades attached [ ]  YES [ ]  NO

*THIS SECTION IS TO BE COMPLETED BY THE HOUSE PRINCIPAL*

Admin Team Decision: [ ]  YES [ ]  NO

Notes/Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

House Principal Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_