



SCHEDULE CHANGE REQUEST FORM

THIS 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 requesting the drop: _____

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

Requests will not be considered unless you/your parent/guardian have first met with the teacher in a conference.

Teacher Name: _____ Teacher Signature: _____

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

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

Student Signature

Parent/Guardian Signature

Date

TO BE COMPLETED BY THE ADVISOR

Date received by Advisor _____

Recommended course to be added (must be in the same class period): _____

Notes from Advisor: _____

Student grades attached YES NO Not Available

TO BE COMPLETED BY THE HOUSE PRINCIPAL / PRINCIPAL

Administrative Team Decision: YES NO

Notes/Comments: _____

Principal Signature _____ Date _____