



CLASS CHANGE REQUEST

NAME: _____ DATE: _____
GRADE: _____ EMAIL: _____

Please note the following before completing this form:

- Student schedules may **not** be changed without written consent of a parent/guardian.
- Schedule changes will **ONLY** be made to accommodate *appropriate* course level changes to add and drop electives and to fill incomplete schedules.
- The school office will process schedule changes and provide you with an updated schedule through your homeroom teacher. You will also be notified by the office if your request cannot be fulfilled.
- Schedule changes may affect college admissions decisions. Please contact the Head of School for more information.
- Due to space and scheduling constraints, the student may be required to remain in the course for the academic year.

REQUEST TO:

1. Drop: _____
2. Add: _____
3. Reason: _____

Classroom Teacher Signature: _____

Parent/Guardian Signature:

For Office Use Only: Approved: _____ Denied: _____ Date: _____

Note to Student: