



Schedule Change Request

STUDENT INFORMATION

Date Requested: _____

Student Name: _____ Grad Year: _____

I understand that I am responsible for monitoring graduation requirements and endorsements found in the course offering booklet online.

SCHEDULE CHANGE DETAILS

I approve the following change to my child's schedule:

- I want to drop _____ (name of class)
- I want to add _____ (name of class)

PARENT APPROVAL

Parent Signature: _____ Date: _____

Schedule Changed by: _____

Date: _____