SCHEDULE CHANGE REQUEST FORM

Completion of this form does not guarantee that a schedule change will be made.

Name: __________________________ Grade: ___ Counselor: Mr. Habowski (A-Di) Ms. Batdorf (Dj-Ko) Mrs. Davies(Kp-Roj) Ms. Schober(Rok-Z)

Drop: __________________________ Add: __________________________

Please indicate the reason for your requested schedule change to be considered. Place a large “X” in the applicable block below:

| Necessary to meet graduation requirements when courses are failed senior year | A computer error – example: unbalanced schedule – 2 SS classes same semester |
| Meet requirements of Vocational Program (CTC) | Meet requirements of a special program – example: ESL / Learning support |
| Previously failed this course with same teacher | Alteration of your schedule without your knowledge to facilitate scheduling |

None of above: If you feel that an exception should be made due to extenuating circumstance, please provide a typed explanation to Dr. Galen, EHS Principal, of why the schedule change was not made earlier as well as the rationale for the request change. Staple your letter to this form.

Student Signature: __________________________ Date: __________

Parent Signature: __________________________ Date: __________

Please note:
- A PARENT SIGNATURE IS REQUIRED ON ALL SCHEDULE CHANGE REQUESTS.
- SCHEDULE CHANGES ARE NOT IN EFFECT UNTIL YOU RECEIVE A REVISED SCHEDULE IN HOMEROOM.

FOR OFFICE USE ONLY:

Date Received: _________________

Principal Approval: _______________