SECOND SEMESTER SCHEDULE CHANGE REQUEST

Date: _____ Student: _____Grade: _____

1st SEMESTER SCHEDULE

Period	*Course & signature of teacher of class you want to drop*
0	
1	
2	
3	
4	
5	
6	
7	

REQUESTED 2nd SEMESTER SCHEDULE

Period	*Course & signature of teacher of a class you want to go enter into in January*
0	
1	
2	
3	
4	
5	
6	
7	

Reason for schedule request: _____
_____

Signature of IEP Teacher (if applicable): _____
Other signatures, if required: _____

Schedule requests APPROVED ____ or DECLINED ____

Teacher signature:
_____

Comments: _____
_____
_____
_____
_____
_____

*Parent signature:*_____*Date:*_____

*Counselor signature:*_____*Date:*_____

*Principal signature:*_____ *Date:*_____