

School Counselor (please circle)

Bautista Carey Cooperstein Heaney Hocoluk Levy Rios Ward Walsh

LINDENHURST HIGH SCHOOL SCHEDULE CHANGE REQUEST FORM

Name: _____ Date: _____

Grade: 9 10 11 12

Phone Number: _____ Email: _____

Requested Change:

ADD	DROP

Reason (please check):

- ☐ My schedule is correct, but I changed my mind.
- ☐ I am missing a course on my schedule.
- ☐ I believe there may be an error.
- ☐ Other (please specify): _____

PLEASE READ THE FOLLOWING:

- **Do not complete this form more than once.**
- **There are no requests processed for teacher preference, specific lunch or class periods.**
- Requests due to a student changing their mind are subject to approval and/or course availability.
- The guidance counselors will make their best effort to address all scheduling issues in a timely manner. **Your patience during this busy time is greatly appreciated.**

Student Signature: _____



-----COUNSELOR USE ONLY-----



Name: _____ Homeroom Teacher: _____

Counselor Response:

___ Your request for a schedule change has been processed. Attached is a copy of your new schedule effective immediately. Please notify all affected teachers and return any books/instructional materials no longer needed.

___ Your request for a schedule change cannot be completed for the following reason:

___ Your guidance counselor would like to meet with you to discuss your request for a schedule change in more detail. Please report to Guidance on _____ at _____

(Date)

(Time)

(Counselor's Signature)