ORCAS ISLAND HIGH SCHOOL
REQUEST FOR CHANGE OF SCHEDULE

Name:_____ Grade:_____ Date:_____/_____/_____

Schedule adjustments can be made during the first two weeks of school. After that, schedules are final. Completion of this form does not guarantee that the requested change will be made. Schedule change requests will be reviewed by the counselor and decisions will be communicated to the student via email.

- **Step 1: Review the course matrix and check on course availability**
  - If a class is full you may opt to be placed on a waiting list. You do need to complete the rest of this process.
- **Step 2 (if needed): Teacher Signatures**
  - Once classes have begun, you must have the signature of both teachers.
- **Step 3: Parent/Guardian Signature**
  - No action can be taken without the approval and signature of your parent/guardian.
  - If this schedule change will result in you not having a full schedule, your parent/guardian must sign to acknowledge this fact.
- **Step 4:** Submit **completed** form to the counselor, and await schedule change before starting new schedule.

In the space provided, please give specific reason(s) for above schedule change request(s):

Current Class	**Period**	**Teacher Signature**	**New Class**	**Period**	**Teacher Signature**
1. _____	____	_____	1._____	____	_____
2._____	____	_____	2._____	____	_____
3. _____	____	_____	3._____	____	_____
4._____	____	_____	4._____	____	_____
5. _____	____	_____	5._____	____	_____
6._____	____	_____	6._____	____	_____
7._____	____	_____	7._____	____	_____

Parent/Guardian Signature:

I have reviewed the proposed course changes and give my permission for this change:

_____ _____

(Signature) (Date)

Parent/Guardian Complete if Necessary:

I understand that this new schedule will result in my student having an unscheduled or "free period" in their daily schedule. _____ (initial)

08/2023