SCHEDULE CHANGE APPEAL

Initiated after the "schedule change window" has closed

Completion of this form in no way guarantees a schedule change but rather initiates the process.

1. Fill out page one.
2. Have a conversation with the teachers you are dropping and adding their class.
3. Share the document with the teachers involved, your counselor, and Mrs. Eldridge or Mr. Loy with a request to change your class(es).

Today's Date:

Student's Name:

Student's Grade:

Class Requesting to Drop:

Class Requesting to Add:

Reason for requesting this change:

I have had a conversation with my teacher about why I want to drop this class.

I understand that all work must be made up from the beginning of the semester in the class that might be added.

Student Signature & Phone number:	Parent/Guardian Signature & phone number:

Class to Drop:	**Teacher's Name:**

I have had a conversation with the student regarding this schedule change.

I agree with the student making this change -or- I disagree with the student making this change.

Teacher's Signature:

Class to Add:	**Teacher's Name:**

I have had a conversation with the student regarding this schedule change.

I agree with the student making this change -or- I disagree with the student making this change.

Teacher's Signature:

Counselor confirmation:

- ❑ Space is available in the class that might be added
- ❑ Student has approval from parent/guardian and both teachers (signatures required)

Counselor Signature:

Administrative Approval: Choose

- ❑ Schedule change is approved.
- ❑ Schedule change is denied.
- ❑ Schedule change is on hold pending a meeting with student, parent/guardian(s), teachers, counselor and administrator

Principal Signature:

Useful links:

Counseling Office Web page

Schedule Change Request Procedure