St. Johns High School

ST. JOHNS SCHOOL DISTRICT
360 Redskin St. St. Johns AZ, 85936
Phone: 928-337-2221

Schedule Change Request Form (Within the 1st week window)

Please understand that course changes cannot be granted for reasons such as **teacher preference**, **friends' schedules**, or **convenience**. Schedule changes will occur in the first week of each semester. After that, special circumstances only will be allowed requiring administration, teacher, and academic counselor approval. If you believe a schedule change is necessary, contact the academic counselor rjohnson@staff.sjusd.net and you will be notified when the change is made.

Students with qualifying reasons may make schedule changes within the first week of a new semester. Please **circle one** of the qualifying reasons below:

1. Medical reasons with documentation
2. School error (Parent signature not required)
3. Teacher recommended a schedule change
4. Parent recommendation
5. Failure to meet course prerequisites
6. Need a required course for graduation
7. Other (please explain below)

Student name:_____ Grade:_____

What schedule change is desired (which course(s) do you want to drop/add)?

_____

_____

How will this schedule change benefit the student (written by the parent/guardian)?

_____

All prerequisites must be complete for the class the student is requesting to be enrolled.

_____ _____ _____
Parent/Guardian Signature Phone Number Date

_____ _____ _____
Teacher Signature Date Academic Counselor Signature Date