

BENJAMIN TASKER MIDDLE SCHOOL
SCHEDULE CHANGE/CONCERN FORM – 2025/26

Directions: Make a copy of the form and submit the completed form to your child's grade-level counselor.

*All requests will be reviewed and considered, but are not guaranteed.

Student: _____ **Grade:** _____ **D.O.B. or ID #** _____ **Request Date:** _____

Requester: _____ **Parent Signature:** _____

Parent Name: _____ **Parent Phone:** _____ **Parent Email:** _____

***Reason for Request/Concern:** *(Provide specific explanation and/or information, so that we may better understand your request/concern)*

Requested Changes

(Desired replacement classes may be requested, but are not guaranteed)

Requesting to Drop: Current Class 1: _____ **Current Class 2:** _____

Desired Class(es): **Desired Class 1:** _____ **Desired Class 2:** _____

Office Use Only - Please do not write below this line

Date received by Guidance: _____ Recommended: _____ Not Recommended: _____

Counselor's Signature

Date

Guidance Comments: _____

Principal Determination: _____ Denied _____ Approved

Principal's Signature

Date

Parent Notification: Date: _____ Parent Notified By: _____ Notified via: _____

Comments: _____
