

OFFICIAL SCHEDULE CHANGE FORM

Name: _____ Grade: _____

Class to DROP: _____	Level: AP H ACP CP1 CP2 G
Class to ADD: _____	Level: AP H ACP CP1 CP2 G
Teacher initials: DROPPED CLASS <input style="width: 50px; height: 20px;" type="text"/>	ADDED CLASS <input style="width: 50px; height: 20px;" type="text"/>

Class to DROP: _____	Level: AP H ACP CP1 CP2 G
Class to ADD: _____	Level: AP H ACP CP1 CP2 G
Teacher initials: DROPPED CLASS <input style="width: 50px; height: 20px;" type="text"/>	ADDED CLASS <input style="width: 50px; height: 20px;" type="text"/>

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Teacher initials: DROPPED CLASS <input style="width: 50px; height: 20px;" type="text"/>	ADDED CLASS <input style="width: 50px; height: 20px;" type="text"/>

* If changing more than 4 classes please use the back of this sheet for the other changes.

By signing below, the student and parents understand that the class may not have been a recommended course and you are requesting an alternate course. A student may also need to take an additional course during the following school year. There is a \$25 schedule change fee for student initiated changes. This fee must be paid before any changes can be made. Please bring your fee and this paper to your guidance counselor so your requested changes can be made.

Student signature: _____ Date: _____

Parent signature: _____ Date: _____