## 2017-2018 CENTRAL HIGH SCHOOL SCHEDULE CHANGE REQUEST FORM



You may only use this form if you notice an error or problem with your schedule. For example:

\* Duplicate Class

August 8th to the Student Services Office.

\* Hole in Schedule

\* Missing Required Class

\* Wrong Level Class

\* Took Summer School Class

Student Name	ID #	Grade
Student Email Stud	ent Phone #	
Student Email Student Counselor (circle one) Cardio 9th Grade White 10th Grade	Montgomery 11 <sup>th</sup> Grade	<b>Sharp</b> 12 <sup>th</sup> Grade
*Schedule Change Responses will be emailed to stud	dent and parent, so be su	re to check your email!*
Name(s) of the class(es) you wish to <b>DROP</b> : (absolutely no teacher swapping)	Period <b>Reas</b>	son
THREE(s) of the possible options you would like to AL		
*Required - Parent Signature approving schedule change		mail and phone number
Summer Credit Earned:	_	
School Name Class Title	Grade Earned	
<b>Policy for Course Change and Course Drop:</b> Class changes and chave parental, counselor, <b>and</b> administrative approval. Valid reasons math) or missing a required class. <b>SECOND SEMESTER REQUESTS</b>	for class change include incor	rect placement in a level (e.g.
<b>Explanation required:</b> Please explain the reason for this schedule of alter the periods, courses and teachers displayed on your current schedif you provide sufficient information. Otherwise, you may have to wait writing, this request may be delayed. Follow your current schedule ur form <i>no</i> later than Tuesday, August 8 <sup>th</sup> , 2017 before 3:45PM to	edule. Your counselor <b>may</b> be for an appointment. <b>Print no</b> til you are notified that change	able to make a change immediatel eatly! If we can't read your es have been made. Turn in this
(Use reverse side if needed)		
Return this form before 3:45 on Tuesday	Administrator: Approve	e Deny