

ELECTIVE SCHEDULE CHANGE REQUEST

Date of Request: _____

Student Name: _____ **I.D. #** _____

Requested Change:

Drop: _____ **Period** _____

Add: _____

Person initiating change: student _____ teacher _____ parent _____

Reason for change:

Approval Signatures:

All signatures must be obtained in the order listed for change to be processed.

Student: _____

Parent: _____

Teacher (dropped): _____ **Teacher (added):** _____

Counselor: _____

The district hires and assigns teachers on the basis of student registrations. Once enrollments in various courses are established, it is important that these enrollments remain constant. Schedule changes will be considered based on the reason for the change, and class availability.