

Schoenbar Middle School

Rec'vd By: _____ Date: _____

Schedule Change Request Form

Student's Name: _____ Grade: _____

Requested Change(s): _____

Reason for Changes: _____

Below are a list of schedule changes we are happy to try to make if they are possible:

- Elective choices
- Add/drop a class based on need

Below are schedule changes that will not be considered:

- Class changes aimed at simply changing periods/teachers
- Math Class level changes unless signed by a math teacher

I give my permission for my student to be dropped or added to course(s) mentioned above. I understand that due to scheduling conflicts and class size limits not all requests can be accommodated.

Parent Signature : _____ Date: _____

Principal Signature : _____ Date _____