

SCHEDULE CHANGE REQUEST FORM

Please Print STUDENT NAME

2ND PERIOD TEACHER

**Please complete this form if you have a change request that fits within the CHHS schedule change policy. A great deal of time is invested in the registration and scheduling process. Teacher allotments are dictated by the courses that students sign up for in the spring. For these reasons, no changes will be allowed unless they are deemed necessary by the school.
WE DO NOT MAKE TEACHER CHANGES.**

Necessary changes fall into the following categories (please check those that apply to your request and provide an explanation):

- 1. I have no schedule
- 2. I have an incomplete schedule
Explain: _____
- 3. I don't have a course that I need for promotion or graduation
Explain: _____
- 4. I don't have the prerequisite for a course on my schedule
Explain: _____
- 5. I have already passed and received credit for a course on my schedule
Explain: _____
- 6. I FAILED this class or another class before with the same teacher
Explain: _____

For the reason checked above, I am requesting the following schedule change:

DROP: _____ **ADD:** _____

STUDENT SIGNATURE

PARENT SIGNATURE

DATE

HOME PHONE

PARENT EMAIL ADDRESS

NOTE: YOU MUST FOLLOW YOUR PRESENT SCHEDULE UNTIL YOU RECEIVE OFFICIAL NOTIFICATION OF A CHANGE. IF AND WHEN YOUR REQUESTED CHANGE IS APPROVED, YOU WILL RECEIVE A NEW SCHEDULE.

Do not write below this line

APPROVED DENIED _____

COUNSELOR SIGNATURE

DATE

NOTIFICATION SENT TO SENDING TEACHER _____

TEACHER NAME

NOTIFICATION SENT TO RECEIVING TEACHER _____

TEACHER NAME

DROP / ADD (circle one)

STUDENT NAME _____

TEACHER NAME _____

REASON _____

DATE _____ COUNSELOR _____

DROP / ADD (circle one)

STUDENT NAME _____

TEACHER NAME _____

REASON _____

DATE _____ COUNSELOR _____

DROP / ADD (circle one)

STUDENT NAME _____

TEACHER NAME _____

REASON _____

DATE _____ COUNSELOR _____

DROP / ADD (circle one)

STUDENT NAME _____

TEACHER NAME _____

REASON _____

DATE _____ COUNSELOR _____