

# S1 SCHEDULE CHANGE REQUEST FORM

2024-2025 School Year

LAST NAME \_\_\_\_\_ LEGAL FIRST NAME \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT EMAIL ADDRESS \_\_\_\_\_

Students have the first 10 school days to complete this form and should check Infinite Campus to see if the request has been approved. Students may only complete this form one time and must follow the schedule visible in Infinite Campus even after the form has been completed. **If the request is approved, students will not be permitted to return to their original class once the change has been made.**

Changes will not be made for the following reasons:

- Class Period Change (i.e., "Prefer to have World History 1<sup>st</sup> period instead of 6<sup>th</sup> period.")
- Switching from face-to-face to virtual course
- Teacher Change
- Lunch Change

## Requested Class(es) Change

Current Class \_\_\_\_\_

Requested Class: \_\_\_\_\_

## Reason for Request (check all that apply)

- I have already taken this class and passed it.
- I have a hole in my schedule.
- Other: \_\_\_\_\_

## Requested Class(es) Change

Current Class \_\_\_\_\_

Requested Class: \_\_\_\_\_

## Reason for Request (check all that apply)

- I have already taken this class and passed it.
- I have a hole in my schedule.
- Other: \_\_\_\_\_

## Requested Class(es) Change

Current Class \_\_\_\_\_

Requested Class: \_\_\_\_\_

## Reason for Request (check all that apply)

- I have already taken this class and passed it.
- I have a hole in my schedule.
- Other: \_\_\_\_\_

I approve of my student's schedule change request. **Parent/Guardian signature is required.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Counselor Use ONLY

- Approved
- Denied reason \_\_\_\_\_