

Date SUBMITTED:

Everett High School Schedule Change Request*

***Schedule changes are only processed for graduation or college requirement concerns.**

Last Name: _____ First Name: _____

Student ID#: _____ Grade (9, 10, 11, or 12): _____

Home Phone: _____ Cell Phone: _____

Student email address: _____

Who is your counselor? (check one):

- G. Stiger (A – Es)
 P. Piatz (Ev – Lu)
 K. Berry (Ly – Sh)
 B. O’Brien (Si – Z)

What course would you like to drop? _____ PERIOD: _____

What course would you like to add? (List at least 3 options)

1. _____ PERIOD: _____

2. _____ PERIOD: _____

3. _____ PERIOD: _____

I am willing to have my entire schedule changed.

Why do you need this change? (*this section must be completed to be processed*): _____

Continue on back if more space is needed.

Parent Signature _____ Date _____

Do not write below this line. The following section will be completed by your counselor.

Student: _____ Date student notified of changes: _____

Changes could not be made for the following reason(s): _____

Please schedule a follow-up meeting with your counselor.

Counseling Office: 425-385-4410