

JHS SCHEDULE CHANGE REQUEST FORM

DATE: _____

Student ID# _____

NAME: _____

Counselor _____

1. Indicate which policy change criteria your request meets:

- 1. You are a senior and you need the class as a graduation requirement.
- 2. You previously failed the course with the same teacher.
- 3. You failed a prerequisite course and/or need to take/retake the pre-requisite course.
- 4. You were not scheduled into a core requirement.
- 5. You were placed in a class that was not a pre-registration choice.
- 6. Students are encouraged to enroll in challenging courses in preparation for college & career-readiness. Students will not be allowed to move out of an Honors or AP course in which they pre-registered.
- 7. Because of the importance of taking rigorous academic classes, students will be allowed to move into an Honors or AP course, contingent on availability.

2. Please describe how the criteria you indicated above applies to your situation:

Schedule change requests will only be accepted during the first 5 days of a semester. This is **ONLY** a request. Only 1 REQUEST PER STUDENT. Counselors have an additional 5 DAYS to process and make changes, if approved.

Student Signature: _____ Parent/Guardian Signature _____

COUNSELOR COMMENTS:

DATE RETURNED TO STUDENT: _____