

Change of Schedule Request

Name of Student _____ Date _____ Grade _____

Parent Signature _____

Contact Number _____

Add (class name) _____

Drop (class name) _____

Reason _____

Office Use Only

_____ Approved

_____ Not Approved

Notes: _____

Counselor Signature _____

Change of Schedule Request

Name of Student _____ Date _____ Grade _____

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Add (class name) _____

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Notes: _____

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