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Student Schedule Change Guideline

Schedule changes based on teacher, elective, or section preferences will not be honored. There will be NO teacher changes and core academic courses will not be moved to accommodate electives. The administration reserves the right and has the responsibility to only make changes as necessary to meet graduation requirements, balance class sizes, correct administrative or clerical error, reflect changes in school personnel, or other educationally appropriate reasons. This also includes upper level class (AP, Dual Credit, and Pre-AP). Therefore, In determining whether there are extenuating circumstances for an absence, the Attendance Review Committee will use the following guidelines and

- Changes requested after the Course Plan has been submitted will be made only for the following reasons per counselor approval:
 - A Senior needs to make up deficient graduation credits
 - A student received a failing grade and needs to repeat the class for high school graduation requirements or to meet college eligibility requirements
 - A student is in the incorrect course level
 - A course requested will not be offered due to budgetary restraints, low-class size
 - A student completed a course credit at summer school
 - Medical/health issues require adjustment in schedule
 - There is a missing or blank course in the schedule.
- Campus administrators can consider level changes on extenuating circumstances during the first semester. Level changes can be requested by students, parents, and teachers based on availability (grades from the dropped upper-level course will be carried into the added lower-level course).
- Students may request a course change according to the following guidelines in the first 15 school days of the academic year and only if space is available in the new class. Afterwards, all course change requests will be considered for the second semester. Schedule changes are subject to class availability. A request may not be granted due to conflicts and/or class size.
 - Placement recommendation based on academic performance
 - Medical/health issues require adjustment in schedule
 - Course needed for graduation or college eligibility requirements
 - No elective changes will be made.



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Student Schedule Change Request Form

Our master schedule has been built and teachers have been hired according to our students' course requests made in the Spring. Any schedule changes will be limited to a need only basis and must receive an administrator's approval. This form must be filled out completely in order to be considered. **This request does not guarantee that your schedule will be changed.** It may be impossible to meet your request. *Elective course changes will not be made**. Please print clearly with dark black or blue ink. This form must be completed in its entirety including student's and parent's signature and returned to the front office no later than:

Tuesday, September 4, 2018 at 4:00 p.m.

Note: Please return the form only once, 2nd form will not be considered.

Student Name: _____ **Grade Level:** _____

Student Email: _____ **Parent Email:** _____

Complete the following for the course(s) you wish to change:

Course to be <u>dropped</u>	Period	Course to be <u>added</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Select your reason(s) for requesting this change:

- A Senior needs to make up deficient graduation credits
- A student received a failing grade and needs to repeat the class for high school graduation requirements or to meet college eligibility requirements
- A student is in the incorrect course level
- A course requested will not be offered due to budgetary restraints, low-class size
- A student completed a course credit at summer school
- Medical/health issues require adjustment in schedule
- There is a missing or blank course in the schedule.



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Student Schedule Change Request Form

Student Signature: _____ Date: _____

Parent Name (Print): _____ Parent Signature: _____

<i>For Office Use Only</i>			
Outcome of Request:	Approved	Denied	Off Campus Referral
Completed by:	_____		Date: _____
Counselor Name:	_____	Signature:	_____
Note:			
<ul style="list-style-type: none">• Students may <u>ONLY</u> request one change throughout a year.• Changing may result in delayed appointments.			

Last updated: 9/21/2018

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