

LINGANORE HIGH SCHOOL 2018-2019
SCHEDULE CHANGE REQUEST FORM

Important: All schedule changes must be made on this form – verbal and email requests will not be accepted. This form requires signatures from the student **and** parent. Please submit only one request. Duplicates will delay the process.

Schedule Change Priorities:

1. Course sequence or prerequisite concerns: (Spanish 1 must be taken prior to Spanish 2).
2. Academic level corrections or changes: (English 11 Honors to English 11).
3. Balancing issues: (More core academic courses in one semester than the other).
4. Rescheduling to take failed classes: (Only if seats are available).
5. Adjustments to Work Based Learning: (Only if recommended by Work Based Learning Coordinator).

The following are some, but not all, of the reasons a change will be denied: request for another teacher, course is closed, course was not an original request, friends are not in the class, change of lunch shift, changed mind about the class.

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Schedule Change Request:

Date of Request: _____

Student Name: _____

Student ID: _____

Grade: _____ E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Drop: _____ **Add:** _____
 (Example: **Drop** Chemistry, **Add** Biology)

Drop: _____ **Add:** _____
 (Example: **Drop** Algebra 2, **Add** Algebra 2 Honors)

Briefly explain how this change will improve your educational program:

Parental Approval:

I have discussed this change with my child and understand that this change may affect my child's progress toward graduation. We understand that the School Counselor will notify all colleges to which my child has applied if an AP course is dropped during the senior year. I request my child's schedule be changed if possible.

Parent/Guardian Signature _____ Date _____ Student Signature _____ Date _____

Parent Daytime Phone or E-mail: _____

For Office Use Only:

Denied Approved Counselor Signature: _____ Date: _____