Oakdale High School Counseling Center

Schedule Change REQUEST* for the 2019-2020 School Year

The Master Schedule for the school year is based on the classes that students requested during the registration process in February. Teachers are hired and classes are arranged to reflect students’ interests, program choices and Frederick County’s graduation requirements. We recognize that it is frustrating for both parents and students when the schedule is different than what they anticipated. However, the schedule is prepared to reflect students’ requests, and more often than not, a change is not possible. Therefore, a change will only be made for the following reasons:

- Not a complete schedule (less than 8 credits)
- Course level is incorrect
- Student needs to repeat a previously failed course that is a prerequisite for another course
- Course was requested but is missing on schedule and is a graduation requirement (SENIORS only)
- Improper sequence (example: Spanish 3 before Spanish 2)
- Teacher recommendation for change in instructional level, if seat is available

The following are some, but not all, of the reasons a change will be denied:

- Request for another teacher
- Course requested was not an original request
- Course is closed
- Class will result in eating on a different lunch shift than friends
- Elective changes are not considered a priority
- Friends are not in the student’s class
- Changed mind about a class

* Completion of a Schedule Change Request form does not guarantee a schedule change will be made.

Please complete all entries below. Incomplete request forms will not be processed.

Name__________________________________________ Last First Grade__________________

Email ____________________________________________

Parent Cell/Work Phone __________________________ Student Cell Phone ________________

REASON FOR REQUEST: ____________________________________________________________

Class(es) to be DROPPED:

__________________________________________________________________________________

Class(es) to be ADDED: (in order of preference, please list specific courses)

__________________________________________________________________________________

Parent Approval
I have read the schedule change policy and have discussed this change with my child. I understand it may change my child’s education program of study.

__________________________________________ Date

Parent Signature (required) Date

__________________________________________ Date

Student Signature