WHITNALL HIGH SCHOOL - SCHEDULE CHANGE REQUEST

NAME: _____ **DATE:**_____

(Please Print)

GRADE: (Please circle one) 9 10 11 12 **SEMESTER: (Please circle one) 1 2**

CHANGE REQUESTED:

Class to Drop: _____

Class to Add: _____

PLEASE CIRCLE REASON FOR REQUEST:

The only acceptable reasons to request a schedule change are:

1. **Computer error**
2. **To drop a 7th class for a study hall**
3. **Graduation requirements (seniors)**
4. **Failure of a required class**
5. **Failure to meet a prerequisite**
6. **Objective teacher evaluation in conjunction with student request & counselor recommendation**

PLEASE NOTE: SCHEDULE CHANGES WILL NOT BE MADE FOR THE FOLLOWING REASONS:

1. ***Employment***
2. ***Extra curricular activities***
3. ***Teacher preference***

Class to Drop:		**Class to Add:**	
Parent Signature □ **Approve**	□ **Disapprove**	**Parent Signature** □ **Approve**	□ **Disapprove**
Teacher Signature □ **Approve**	□ **Disapprove**	**Teacher Signature** □ **Approve**	□ **Disapprove**

Turned in Textbook: ☐ **YES** ☐ **NO**

****Books for dropped classes must be turned in to your teacher.**

**** If teacher does not approve of the change, we encourage communication between the parent and teacher.**

****Students are able to drop a course up to 10 academic days after the course has begun.**