



# SCHEDULE CHANGE/DROP REQUEST FORM

Please use this form to request a schedule change or course drop after the initial drop/add period has ended.

Return to your counselor when Sections 1, 2, and 3 are complete and signed.

## Section 1-Student

Student Name: \_\_\_\_\_ Student Grade: \_\_\_\_\_

Schedule Request:  Drop to a lower level course  Drop course for study hall  Drop course for elective

Please describe why you want to change your schedule. Give as many details as you can:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check any attempts you have made:

- |  |  |
|--|--|
| <input type="checkbox"/> Conference with teacher | <input type="checkbox"/> Asked parent or family member to call     |
| <input type="checkbox"/> Asked for seat change   | <input type="checkbox"/> Explained outside circumstance or barrier |
| <input type="checkbox"/> Stayed for after school | <input type="checkbox"/> Other _____                               |
| <input type="checkbox"/> Made up owed work       |  |

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 2-Teacher

Please check any interventions you have tried:

- |  |  |
|--|--|
| <input type="checkbox"/> Conference with student                       | <input type="checkbox"/> Asked for AIS added to schedule |
| <input type="checkbox"/> Changed seat                                  | <input type="checkbox"/> Parent/teacher conference       |
| <input type="checkbox"/> Contacted parent or family member             | <input type="checkbox"/> Discipline referral(s)          |
| <input type="checkbox"/> Consulted with student's counselor            | <input type="checkbox"/> Positive referral(s)            |
| <input type="checkbox"/> Consulted with Special Education case manager | <input type="checkbox"/> Referred to IST                 |
| <input type="checkbox"/> Assigned After School                         | <input type="checkbox"/> Other _____                     |

I support this student dropping/changing this course. I recommend the following course of action:

Drop Class  Change to a different section or lower course: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Section 3-Parent/Guardian

Please describe why you support your child's schedule change. Give as many details as you can:

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*I support my student dropping/changing this course. I am willing to meet or talk over the phone with a counselor or administrator about this schedule change if necessary.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Section 4

After the above is complete, return to your Counselor for Administrative Approval.

Approved Change/Drop: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_