



REQUEST FOR SCHEDULE CHANGE

LINCOLN/SOTA II/COULEE MONTESSORI



Student requests for schedule changes require the following:

- (1) Student completes and signs form
- (2) Parent signs form
- (3) Teachers involved sign form (both the teacher dropped and new teacher requested)
- (4) Student turns in completed form to the office
- (5) Principal signs form and gives to counselor for schedule change after approval/denial (Class size is a consideration in the approval process)
- (6) Student remains with original schedule until a school counselor contacts him/her with their new schedule
- (7) Counselor contacts parent if denied

NOTE: No course changes will be approved after the second week of each semester unless initiated by administration

Student Name: _____
 Grade: _____

ADD CLASS
 Class Requested: _____
 Teacher Signature: _____
 Current Student Count for Course Requested (Teacher)

DROP CLASS
 Class Requested: _____
 Teacher Signature: _____
 Current Student Count for Course Dropped (Teacher)

The reason for this change is: _____

 Student Signature Date

 Parent Signature Date

(After completing this portion, turn in form to school office)
STAY WITH YOUR ORIGINAL SCHEDULE UNTIL CONTACTED BY A SCHOOL COUNSELOR

PRINCIPAL:

____ Approved
 ____ Denied
 Reason for Denial: _____

 Principal Signature Date

COUNSELOR:

 Counselor Reviewing Form Date

Parent notified if denied on _____