

OFFICIAL USE ONLY
 Received: _____ Approved or Denied? Signed _____



SLHS Student Schedule Change Request Form

2nd Semester 2015-16

Please Print NEATLY. Read and respond to each item below.

1. Student Name _____
2. Parent/Guardian Name(s) _____
3. Student ID Number _____ Current Grade Level _____ Counselor _____

Parents and students, if you would like to request any changes for your schedule for the 2nd semester of the 2015-16 school year, you may use this form, but it is not a guarantee that the change will be approved. Also, due to the Class Size Amendment and this year's master schedule restrictions, students may not receive one or more of their requested courses despite our best efforts. The alternate courses students chose during the spring registration are very important for the scheduling process in the event of any scheduling conflicts.

NOTE: Online courses may be chosen in place of SLHS courses; however, parents are expected to monitor student progress and students **must adhere** to the following:

- Students should have daily home access to a computer with Internet and an active email account.
- Students may be dropped from one or more online classes if work is not submitted regularly, which could result in failure grades and missing credits that may need to be made up outside of the regular school day.

- 4. Check the reason(s) below for your request for a schedule change:**
- I've already passed the course and I need a different one in its place.
 - I have not taken or passed the prerequisite for the course.
 - I am requesting a different level (regular, honors, AP, PHSC) of a course with the understanding that this decision may affect my final GPA, Bright Futures, College Admissions, etc.
 - I want to take the course Online in a lab or off campus instead of in an SLHS classroom.
 - I have the required number of credits in this subject to graduate and I am requesting a different course.
 - I am missing a class I need for a graduation requirement.
 - I have too many or too few classes and I need to remove or add classes to make it right.
 - Other (please explain) _____

- 5. Drop/Add Courses:**
NOTE: Requests to switch teachers, class periods or lunch periods will not be considered.

| Drop Course(s): | Teacher signature required to drop year-long classes | Add Course(s): | Comments: (Optional) |
|-----------------|--|----------------|----------------------|
| | | | |
| | | | |
| | | | |

WARNING: Please be aware that your request for a schedule change for one or more classes may cause a ripple-effect to change other classes, teachers, periods and/or lunches as well. Many schedule changes involve complicated class moves due to class size and the master schedule. Once a schedule change is approved and finalized, it will not be possible to change it back the way it was if someone changes their mind.

Student Signature _____ Date _____

Student Phone # () _____ E-mail _____

Parent Signature _____ Date _____

Parent Phone # () _____ E-mail _____