



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



SLHS Student Schedule Change Request Form 2017-18

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

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

Parents and students, please use this form if you would like to request any changes for your schedule for 2017-18, 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.

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

- Students and parents must sign and return the Online Course Placeholder Agreement Form.
- 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, resulting 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 want to take the course Online on campus in a lab or off-campus instead of in an SLHS classroom.
- 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 adversely affect my schedule, final GPA, Bright Futures, College Admissions, etc.
- 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.
- I am missing a lunch period.
- Other (please explain) _____

NOTE: *Requests for specific teachers, class periods or lunch periods will not be considered.*

5. Drop/Add Courses:

Drop Course(s):	Sem (.5) or Year (1.0)?	Add Course(s):	Sem (.5) or Year (1.0)?	Comments:

NOTE: *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. Many schedule changes involve complicated class moves due to class size rules and the master schedule. **Be careful, once a schedule change request is processed, it cannot be undone in the event someone changes their mind!***

Student Signature _____ Date _____

Student Phone # () _____ E-mail _____

Parent/Guardian Signature _____ Date _____

Parent Phone # () _____ E-mail _____

****As a reminder. students must continue to attend the classes listed on their schedule unless a**