

Student Schedule Change Parent/Guardian Approval Form

Student Name: _____ **Grade:** _____

Student ID number: _____ **Student Phone Number:** _____

Student email: _____

Current Course Scheduled: _____

Replacement Course Request: _____

Reason for Course Change:

Your student has requested the above schedule change. We are requesting your approval before this change is made to their schedule. Please print your name and sign your name below indicating you approve of this schedule change. If the change is possible, we will contact your student. We are only able to make changes if it keeps the classes balanced. If you have any questions or concerns, please contact your child's counselor.

Your Counseling Staff,

Kellen Lister A-L
591-3757

AnneMarie Vince M-Z
591-3756

Dan Zawlocki Special Needs
591-3758

Parent/Guardian's Printed Name

Date

Parent/Guardian's Signature

Date