

# SCHEDULE CHANGE REQUEST FORM

NAME : \_\_\_\_\_

GRADE : \_\_\_\_\_

BLOCK	DROP	ADD	REASON

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_

Teacher's Signature (if requesting an AP class): \_\_\_\_\_

Date: \_\_\_\_\_

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FOR OFFICE USE ONLY

Notes:

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APPROVED: \_\_\_\_\_

Date: \_\_\_\_\_

NOT APPROVED: \_\_\_\_\_