

S1 SCHEDULE CHANGE REQUEST FORM

2024-2025 School Year

LAST NAME _____ LEGAL FIRST NAME _____ GRADE _____

STUDENT EMAIL ADDRESS _____

Students have the first 10 school days to complete this form and should check Infinite Campus to see if the request has been approved. Students may only complete this form one time and must follow the schedule visible in Infinite Campus even after the form has been completed. **If the request is approved, students will not be permitted to return to their original class once the change has been made.**

Changes will not be made for the following reasons:

- Class Period Change (i.e., "Prefer to have World History 1st period instead of 6th period.")
- Switching from face-to-face to virtual course
- Teacher Change
- Lunch Change

Requested Class(es) Change

Current Class _____

Requested Class: _____

Reason for Request (check all that apply)

I have already taken this class and passed it.

I have a hole in my schedule.

Other: _____

Requested Class(es) Change

Current Class _____

Requested Class: _____

Reason for Request (check all that apply)

I have already taken this class and passed it.

I have a hole in my schedule.

Other: _____

Requested Class(es) Change

Current Class _____

Requested Class: _____

Reason for Request (check all that apply)

I have already taken this class and passed it.

I have a hole in my schedule.

Other: _____

I approve of my student's schedule change request. **Parent/Guardian signature is required.**

Parent/Guardian Signature _____

Date _____

Counselor Use ONLY

Approved

Denied reason _____