

LINGANORE HIGH SCHOOL 2009-2010
SCHEDULE CHANGE REQUEST FORM

Important: All schedule changes must be made on this form – verbal requests will not be accepted. This form is also available on LHS website (click on Student Services). This form requires signatures from the student **and** parent. Please submit only one request. Duplicates will delay the process.

Schedule Change Priorities:

1. Course sequence or prerequisite concerns: (Spanish I must be taken prior to Spanish II).
2. Academic level corrections or changes: (English II Honors to English II Merit).
3. Balancing issues: (Too many courses in one semester).
4. Rescheduling to take failed classes: (Only if seats are available).
5. Adjustments to Transitional Education: (Only if recommended by Trans. Ed. Team).

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Schedule Change Request:

Date of Request: _____

Student Name _____ ID _____

Grade _____ E-mail address _____

Home Phone _____ Cell Phone _____

Drop: _____,
(Example: Drop Chemistry, Add Biology)

Add: _____,

Briefly explain how this change will improve your educational program:

Parental Approval:

I have discussed this change with my child and understand that this change may affect my child's progress toward graduation. If possible, I would like my child's schedule changed.

Parent/Guardian Signature _____ Date _____ Student Signature _____ Date _____

Daytime phone or E-mail _____

For Office Use Only:

Denied _____ Approved _____ Counselor _____ Date _____