

Huron High School Schedule Change Request Form

Student Name _____ Grade _____

Phone Number _____ E-mail _____

Indicate Reason for Request

Schedule changes will only be considered for the following reasons:

CHECK ONE OF THE FOLLOWING:

- Did not receive a course required for graduation.
- Enrolled in a course you have already completed and received credit.
- Enrolled in a course for which you have not met the prerequisite.
- Do not have a full schedule of 6 classes.
- Have a physical injury that does not allow participation in a class.
- Took a summer school class.
- Wish to increase rigor of schedule.

Indicate the courses you would like to change

Drop Course	Add Course	Alternate Choice

Parent Signature _____ Date _____

Student Signature _____ Date _____

- There will be no change made because you changed your mind about a course. One of the above reasons must be indicated and apply to your request. No changes are guaranteed, even if a teacher has agreed to a change.
- No phone calls or e-mails regarding schedule changes will be accepted.
- This form is only accepted through the first 2 A/B cycles in a semester. Any schedule change made after will need to be made with administration approval.
- Your schedule request may alter other periods, courses, and teachers displayed on your current schedule.
- Please print neatly. If we can't read your writing, this request may be delayed.

FOR OFFICE USE ONLY

Signature _____ Date _____
 ___ Approved ___ Denied _____