

SCHEDULE CHANGE REQUEST – DUE 9/11/2020 by 2:30 PM -- NO EXCEPTIONS

Student Name _____ Gr _____

Parent signature & phone # _____

There will be NO requests for schedule changes, unless a student and his/her parent believe that there is an obvious error. Please check the box below to indicate which scenario applies:

- A required course is missing. Course name: _____
- There is an obvious computer error or omission (i.e., not enough courses).
- Substitution required for a course dropped from the building schedule because of a lack of demand.
- Study halls need to be balanced (only one per semester).
- Accommodating injury, illness, or other medical emergency.

Comments: _____

