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: __________________________________________________________________
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