



OHIO HIGH SCHOOL ATHLETIC ASSOCIATION

Doug Ute, Executive Director

OHSAA SUGGESTED SCHEDULE CHANGE FORM FOR MEMBER SCHOOLS

ATTENTION PARENTS AND STUDENTS

- All schedule change forms must be submitted by the end of the day on _____
- No classes can be added after _____
- Dropping a class after _____ will result in an "F" for that class.
- You shall have a minimum of **FIVE (5) academic credits (four classes in 7/8 grade) scheduled in each grading period.**
NOTE: PHYSICAL EDUCATION IS NOT A FULL CREDIT COURSE!
- This form must be signed by your parent and teacher prior to meeting with your counselor to drop a class.
- You are expected to attend the classes on your original schedule until the official drop is completed by your counselor. If you drop a course, it is your responsibility to return your books to the teacher or you will be charged for the book.
- Please note that academic fees may be adjusted because of your schedule change(s). You may receive a refund, or you may receive an additional invoice.
- These add/drop policies apply to all courses taken off campus, including College Credit Plus courses. The student has the ultimate obligation to inform the school of any change in the schedule.**

STUDENT NAME: _____

SCHOOL YEAR: _____

GRADE LEVEL: _____

COURSE TO BE DROPPED

Course No.	Course Title	Teacher Signature	Text/Materials Returned
_____	_____	_____	_____
_____	_____	_____	_____

COURSE TO BE ADDED

Course No.	Course Title	Teacher Signature	Text/Materials Returned
_____	_____	_____	_____
_____	_____	_____	_____

ATHLETE ALERT: BEFORE SIGNING THIS FORM, PLEASE NOTE THAT ATHLETIC ELIGIBILITY REQUIRES A PASSING GRADE IN FIVE ONE-CREDIT COURSES OR THE EQUIVALENT (FOUR CLASSES IN GRADES 7-8) EACH GRADING PERIOD. FOR HIGH SCHOOL STUDENTS, PHYSICAL EDUCATION OR ANY OTHER QUARTER CREDIT COURSE WILL NEED TO BE COUPLED WITH ANOTHER COURSE TO EQUAL A FULL CREDIT EQUIVALENCY. BY SIGNING, YOU ARE INDICATING THAT YOU UNDERSTAND THIS REQUIREMENT.

Parent Signature _____ Date _____

Student Signature _____ Date _____

Counselor Notes

Date of Official Drop _____

Counselor Signature _____ Schedule Change to _____

Refund _____ Additional Fee _____