HIGH SCHOOL SUGGESTED SCHEDULE CHANGE FORM

ATTENTION PARENTS AND STUDENTS
1. All schedule change forms must be submitted by the end of the day on ______________
2. No classes can be added after ______________
3. Dropping a class after ______________ will result in an “F” for that class.
4. You shall have a minimum of FIVE (5) academic credits scheduled in each grading period. NOTE: PHYSICAL EDUCATION IS NOT A FULL CREDIT COURSE.
5. This form must be signed by your parent and teacher prior to meeting with your counselor to drop a class.
6. 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.
7. 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.
8. Note: These 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 ____________________________ GRADE ______________

COURSE TO BE DROPPED

Course No. | Course Title | Teacher Signature | Text/Materials Returned | Returned |
--- | --- | --- | --- | --- |
       |           |               |                     |         |

COURSE TO BE ADDED

Course No. | Course Title | Teacher Signature | Text/Materials Returned | 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 ____________