



Ohio High School Athletic Association
4080 Roselea Place, Columbus, Ohio 43214

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
_____	_____	_____	_____
_____	_____	_____	_____

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** _____