

**Schedule Change Request Form
Bordentown Regional High School
Guidance Department**

Directions: Please complete this form and turn in to your counselor or Ms. Guido. Requests will be evaluated in the order that they are received. You will be notified by your counselor with the results of the request. All requests must be made within 14 days of the start of the semester.

Name: _____ Grade Level: _____

Study Hall Period/Teacher: _____

Date submitted: _____ Time submitted: _____

Counselor: _____ Ashton _____ Leusner _____ Rabenda

Course you would like to drop: _____

Course you would like to add: _____

*Reason for Request (use the back if necessary):

*Changes will only be considered under the following guidelines:

- Missing an academic course
- Change in academic placement
- Incomplete schedule
- Change in an elective
- Computer error
- A senior student failed a course and needs to be rescheduled for that course in order to have the opportunity to graduate with his/her class. Any underclassman failure must be made up in summer school or in the following school year
- A very unusual situation as deemed by the administration

After this time, changes will only be made when concerns regarding the student's schedule are generated through the professional staff.

Please note: Schedule changes will not be made for the following reasons:

- **The student is not doing well in the course**
- **The student is no longer interested in taking the course**
- **The student does not like the teacher**

Parental requests for the scheduling of a student with a particular teacher will not be entertained.

To be completed by counselor:

Date completed: _____ Request met/not met: _____

Reason: _____

