

Rivera Middle School Schedule Change Appeal Form

Step 1 _____
Student Name Grade

Step 2 Please allow my son/daughter to drop _____

for the following reason(s): _____

_____ (You may write on back if you need more room)

Class they are requesting to be changed to: _____

I understand that if a schedule change is approved, my child’s current grade will be transferred to the new class and there may be additional changes to your child’s schedule.

Step 3

Student’s Signature Date

Parent/Guardian’s Signature Date

RETURN TO MAIN OFFICE

Approved If approved, new schedule will be provided to students.

Denied Reason(s): (highlight one)

Has not had a conference with the teacher

Classes are full

Not a valid reason for change

Past the deadline for Schedule change

Unable to change schedule due to class restrictions

Other: _____

Administrator/ Counselor Signature Date

Window to submit for 1st Semester: Aug 20-30th, 2019
Window to submit for 2nd Semester: January 13th-24th, 2020

