

**Knoch High School Guidance  
Schedule Change Request Form**

Date received in guidance \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Home Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

**REQUESTED CHANGE** \_\_\_\_\_

**Did you choose this course during spring scheduling?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**REASON REQUESTING** \_\_\_\_\_

**Teacher Signature** (if course requested requires recommendation) \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Student Signature** \_\_\_\_\_

**Counselor Signature** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_

**Principal Signature** \_\_\_\_\_

**Approved** \_\_\_\_\_ (Date schedule adjusted by guidance \_\_\_\_\_)

**Denied** \_\_\_\_\_ Reason for Denial \_\_\_\_\_

\_\_\_\_\_  
**\*\*\*\*Schedule changes for electives chosen during spring scheduling will not be approved.\*\*\*\***

Please complete this form and return to Mrs. Ciafre in the guidance office. Mr. Trofimuk will make all final decisions regarding schedule changes.