Bishop Luers High School

Home of the Knights

REQUEST FOR CLASS CHANGE

NAME_____**GRADE**_____ **DATE**_____

1) Class to be dropped_____ 2) Class to be dropped_____

Class to be added_____ Class to be added_____

This request was initiated by:

_____Student _____Teacher _____Parent _____Counselor _____ Other

Reason for requested change: _____

NEW CLASS CHANGE POLICY – There will be no **CORE** course changes after **MAY 15** (English, Math, Science, Social Studies, Religion & World Language.) At the start of the semester, students will have **5 school days** to request a change of **ELECTIVE** courses only. If a parent or teacher initiates a CORE class change, the request will be reviewed by administration and if approved, will be changed. There is a $15 fee for course changes.

Notice to parents: A request has been made that your son/daughter change a class. Please review the information, mark whether you give consent for the class change, and sign the form. No charge will be made until the student obtains the necessary signatures of teachers and parents. Nor will changes be made until the business office has signed off on the $15.00 course change fee.

_____I agree with the requested class change

_____I do not agree with the requested class change

_____ _____

signature of parent/guardian date

Course change fee was paid to the business office on _____

date

Receipt number _____ Receipt issued by_____

initials

(GUIDANCE OFFICE USE ONLY)

Student_____ Date of Request_____

Course dropped_____ Course added_____

Course dropped_____ Course added_____

Class change was completed on_____

Class change was not completed because: _____

Counselor signature_____