



St. Hubert Catholic High School for Girls

Academic Affairs Office

Roster Change Request Form

Date: _____

Name: _____ HR: _____ Student # _____

Requested change to roster:

Reason for request:

*****Please note that changes intended to accommodate a different lunch/study period, late arrival, early dismissal, or to change a teacher will not be honored. *****

Make sure that your payment of \$50 is attached to this form payable to "St. Hubert High School." Payment will be returned to you if the office is unable to make requested changes to your roster. You will be notified by school email of the status of your request before the start of the school year. No changes will be made after the school year begins.

OFFICE USE ONLY

Date received:

Change processed:

Approved: _____ Declined: _____

Initials: _____