



# St. Dominic High School

110 Anstice Street Oyster Bay, New York 11771-3599  
516-922-4888 / Fax 516-922-4898 / www.stdoms.org

September 2019

After carefully reviewing your tentative schedule, if you find an error, please complete the form below. Place a check next to the situation that BEST defines the scheduling issue. This completed form must be returned in-person to the Guidance Office at St. Dominic High School no later than **Wednesday, September 11<sup>th</sup>, 2019**.

Please note the following:

- ◆ Course changes are only going to be considered for valid, educational reasons.
- ◆ Requests based on teacher, friends, or period preferences will not be considered. No lunch period changes will be honored.
- ◆ You must follow your current schedule until you are notified as to whether your request has been approved or denied.
- ◆ This form is to be used to reference core academic courses only, not elective courses. Elective courses are most likely filled and changes cannot be honored.
- ◆ Requesting a change is not automatic, nor is it guaranteed that it will be approved.

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Counselor: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Academic Course Changes – Requested as a result of:**

Schedule contains a level error (i.e. honors vs. Regents). Briefly explain the error below.

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Schedule includes a course I did not originally request. Indicate below the course(s) to be added and/or deleted and briefly explain.

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Schedule is missing a course that I had originally requested. Indicate the course(s) to be added and/or deleted and briefly explain.

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I've been scheduled for a Study Hall and wish to add courses in its place. Indicate which course(s) you would prefer to add:

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My schedule does not include a lunch period.



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BACK PAGE FOR OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW

Student Name: \_\_\_\_\_

Courses Dropped:

Courses Added:

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Notes:

**RESULT:**

Change(s) confirmed & made. Student notified:

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Unable to make change(s). Student notified and reasoning:

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Guidance Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_