

# CCA MS/HS SCHEDULE CHANGE REQUEST FORM 19-20

Print Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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## PLEASE READ THE FOLLOWING ITEMS CAREFULLY

- All requests for a schedule change must have all required signatures and a detailed reason for the change.
- The deadline for turning in a schedule change request form is **Wednesday, August 28, 2019** for Fall semester and **Friday, December 20, 2019** for Spring semester. Once Spring semester begins, there will be no student initiated schedule changes.
- Schedule changes are subject to class availability, class size, graduation requirements, and appropriate placement. Mrs. Schonert will give studied consideration to each request.
- Some approved reasons for a schedule change include:
  - Student has been scheduled into a course previously passed.
  - Student has been scheduled into a course out of sequence or has not passed the prerequisite.
  - Student has an incomplete schedule or is missing a requirement for graduation (12<sup>th</sup> grade only).
  - Student's schedule is out of compliance with a 504 or IEP.
- Some examples of situations that will probably not result in a schedule change include:
  - A desire for another teacher (if student has not previously failed the same course with the teacher).
  - A desire for a class to be a different/specific period or to change to be with friends.
  - Student requested a course but is no longer interested in the subject or is failing the class (students are responsible for maintaining passing grades and will not be pulled from class in lieu of failing).
  - Need to drop or replace a class to improve GPA
  - Student is having conflicts with other students in the class (conflict resolution can be discussed with the counselor or another administrator).
- Students will follow the schedule they have been given until notified by the Mrs. Schonert that a change has been made.

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I am requesting the following schedule correction(s):

DROP			ADD		
Course Name	Fall/Spring	Hour	Course Name	Fall/Spring	Hour

**THE REASON FOR SCHEDULE CHANGE (BE DETAILED – USE THE BACK OF PAGE IF NECESSARY)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student's Signature** \_\_\_\_\_ **Teacher's Signature** \_\_\_\_\_

**If Required Only**

RETURN THIS COMPLETED FORM TO MRS. SCHONERT IN THE MS/HS

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**OFFICE USE ONLY:**

GRANTED: \_\_\_\_\_ DENIED: \_\_\_\_\_ REASON: \_\_\_\_\_

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