

AHS Schedule Change Request Form

This is the method to request a schedule change effective the first week of school

This form must be completed and returned to the Counseling Office

Name _____ ID # _____ Grade: _____ Phone: _____

Check a reason below and complete any information requested.

_____ Scheduled for course in which you have already received credit: Course Name: _____

_____ Missing a course needed to graduate this year: Course Name: _____

_____ Incomplete Schedule: Missing Period: _____

_____ Scheduled for Same Course Twice: Course Name: _____

_____ Missing a required prerequisite or wrong level (Level 2 before Level 1): Course Names: _____

_____ Need to drop or add Athletic course or Fine Art (e.g. Sport/Band): Coach/Director Approval: _____

_____ Requesting to move into a Pre-AP level course at the recommendation of current teacher: _____

Course to Drop: _____ Course to Add: _____

****Schedule changes to move from a Pre-AP/AP course to the regular equivalent will not be considered until after the 1st 6 weeks progress report. See Schedule Change Guidelines for the required process ☺.**

- One of the above reasons must be checked for your request to be considered. No changes are guaranteed, even if a teacher has agreed to a change or tells you they have room in their class.
- If the schedule change is approved, a new schedule will be delivered to the student.
- If the schedule change is denied, this form will be returned to the student with the reason for the denial.
- If the counselor needs to speak with a student about their request, they will be called out of class.

Comment from student:

Please Sign Below and Return to the Counseling office.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____ Parent Phone: _____

Schedule Change Request Results (completed by Counselor)

_____ Great News! I have completed the change and your new schedule is attached

_____ Unfortunately, I am unable to change your schedule due to the following:

No Room in other Courses (Full)

Does not comply with your 4 Year Plan (Endorsement Pathway)

Will not fit in your schedule due to other courses scheduled

OTHER:

******Requests to change your lunch are not possible because lunches are based on faculty assigned lunches**

_____ You will need to complete the following before I can consider the change:

Your Parent/Guardian must approve the change (send note or sign schedule change request)

Coach /Director Approval (Signed note or email)

*If approved for Athletics, you must complete a Physical

****Please understand that even with approval, we may not be able to fit the change in your schedule.**

Thank you for your patience and understanding with this process!!

Anna High School Counseling Department

Counselor Signature: _____ Date Sent to Student: _____