

**THIS FORM REQUIRES A VALID PARENT SIGNATURE and is due to the  
Guidance Office by 3:00PM, Friday, August 25, 2017.  
No LATE forms will be considered!**

INTERNAL USE ONLY: REQUEST FOR A 1st SEMESTER SCHEDULE CHANGE

Date \_\_\_\_\_ Grade Level \_\_\_\_\_ STUDENT ID \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**My Current Schedule**

Period 1	Course _____	Teacher _____	Period 5	Course _____	Teacher _____
Period 2	Course _____	Teacher _____	Period 6	Course _____	Teacher _____
Period 3	Course _____	Teacher _____	Period 7	Course _____	Teacher _____
Period 4	Course _____	Teacher _____	Period 8	Course _____	Teacher _____

SCHEDULE CHANGES ARE ONLY CONSIDERED for one or more of the following reasons providing there is availability: **CIRCLE ONE reason that applies.**

1. I have a class on my schedule that I've already earned credit in – perhaps through FLVS or night school.
2. I am missing a graduation requirement.
3. I was approved for Dual Enrollment at Broward College 4<sup>th</sup> or 8<sup>th</sup> or 4<sup>th</sup> and 8<sup>th</sup> period but my schedule does not reflect that. If you turned in a BC schedule to Ms. Sullivan or Mrs. Neeck, you must pick up a pass to leave campus. Check out with security as you leave.
4. I want a more rigorous course, i.e. honors to AP.

**SPECIAL NOTE: If you wish to drop an AP course because it is too difficult, you will impact your future opportunities to take AP courses in those content areas. If you are removed from one AP course, you may be removed from all AP courses.**

CLASS(es) TO BE DROPPED

\*CLASS(es) TO BE ADDED

Period \_\_\_\_ \_\_\_\_\_

\_\_\_\_\_

Period \_\_\_\_ \_\_\_\_\_

\_\_\_\_\_

Counselor Comments:

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

Student Signature: \_\_\_\_\_

Your Cell # \_\_\_\_\_

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

Date \_\_\_\_\_