DEERFIELD BEACH HIGH SCHOOL

"You Can't Hide Our Buck Pride!"

STUDENT REQUEST FOR SCHEDULE CHANGE
(Please Print)

Date _____Grade Level _____ School Counselor_____
Name_____
(Last) (First)

Student#_____

Period you are requesting to change:_____Teacher's Name:_____

Reason for schedule change:

_____

Course you want to DROP _____

Course you want to ADD: 1st Choice_____
2nd Choice_____
3rd Choice_____

NOTE:

•You are not able to request a specific teacher. You are not able to request a specific lunch.

•By signing this request, I understand my other classes and/or lunch may have to be changed.

•____ Check here if you would like to cancel this request if other classes and/or lunch have to be changed.

Student Signature _____

Parent Signature _____

NO REQUEST FORMS FOR SCHEDULE CHANGES WILL BE ACCEPTED AFTER: Friday, August 24, 2018
PLEASE RETURN THESE FORMS TO THE BOX IN THE SCHOOL COUNSELING OFFICE BY: Friday, August 24, 2018
********ONLY COMPLETED FORMS, SIGNED BY A PARENT AND THE STUDENT WILL BE ACCEPTED.**

**** OFFICE USE ONLY****
Approved _____
Denied _____ **Reason:**_____