

BLANCHE ELY HIGH SCHOOL

SCHOOL COUNSELING DEPARTMENT

SCHEDULE CHANGE REQUEST FORM

LAST NAME _____

FIRST NAME _____

STUDENT ID# _____ Grade _____

INSTRUCTIONS: This form must be filled out and turned in to you Counselor, in order to request a course change. Please fill out the information completely and carefully. A parent/guardian signature is required. Requests will be considered by your Counselor and will be granted for reasons deemed valid by the Counselor and course availability.

1. **PRINT** your name, student ID, and grade level in the appropriate space above.
2. **COMPLETE** your request including the reason for requesting a schedule change (see acceptable reasons and codes below).
3. **PLACE** the form in the "Schedule Change Request bin" located in the School Counseling office during your assigned lunch break.
4. **ATTEND** the classes on your schedule until you receive the new class.

No classes will be changed after the tenth day of a semester • Students enrolled in full-year courses, including AP, will remain in that course for the full year. Teachers cannot be selected - all teachers will work hard for the success of each student and students are expected to work hard with the schedule received.

Schedule change request for dual enrollment and/or flvs courses will be considered on a case-by-case basis. Proof of dual enrollment and/or flvs schedule must be attached to this form.

Period	Course to Drop	Rm	Teacher's Initial	Course to Add	Reason Code

REASONS & CODES

R1 - Too many or too few classes on my schedule.

R2 - Conflict with a dual enrollment and/or FLVS course.

R3 - Duplicate course on my schedule

R4 - I have earned credit in this course.

R5 - I have completed level 1 of this course and needs level 11, etc.

R6 - I am a senior and need this class to meet graduation requirement.

I understand that I must follow my present schedule until a counselor is able to see me.
I understand that there is no guarantee that a schedule change will be processed. Therefore, I will always strive to do well in my present classes.

Signature _____ Parent/Guardian Signature _____ Date _____

***** OFFICE USE ONLY*****

REQUEST (circle one): APPROVED DENIED

Counselor Signature: _____ Date: _____

- Reason(s) for Denial:
- | | | |
|--|--|---|
| _____ Request does not follow the Schedule Change Policy | _____ Prerequisites have not been met | _____ The class will be below the minimum enrollment if dropped |
| _____ Class is full | _____ Class does not fit into schedule | _____ Parent/Guardian signature is missing |
| _____ Class does not fit into schedule | _____ Teacher initial is missing | _____ Student signature is missing |