

Evergreen High School

STUDENT'S REQUEST TO CHANGE SCHEDULE

Students were told to select courses carefully because changes would not be allowed. In certain circumstances, there may be a compelling reason to change a class. In order to do so, students must complete the following steps. ***Core Classes, particularly those required for Graduation credits will not be considered unless another course that meets this requirement is being offered.***

NAME _____ GRADE _____ DATE _____

Select Semester : 1 or 2

THE STUDENT IS TO HAVE EACH OF THE FOLLOWING SECTIONS COMPLETED:

1. Student:

- a. Subject you are asking permission to **drop** : _____
- b. Subject you are asking permission to **add**: _____
- c. Why do you wish to **drop** this course?

- d. Why do you wish to **add** this course?

Student's signature _____

2. Teacher of the class the student wishes to drop.

Teacher's signature _____

3. Parent/Guardian : What do you recommend be done about the request?

Parent/Guardian's signature _____

4. Principal's signature: _____

5. Please return this form to the Counseling Office.

Office use only: Date Changed: _____ Staff: _____

ABSOLUTELY NO CHANGES will be made after the 2nd day of class.