



**MIDDLE SCHOOL  
SCHEDULE CHANGE REQUEST  
(Return to Receptionist)**

WHENEVER POSSIBLE, THE REQUESTED CHANGE WILL BE MADE. THE REQUEST MAY BE DENIED DUE TO A SCHEDULE CONFLICT OR LACK OF SPACE.

THE STUDENT MUST FOLLOW HIS CURRENT SCHEDULE UNTIL THIS FORM IS SIGNED BY A PARENT AND APPROVED BY THE ADMINISTRATION. A NEW SCHEDULE WILL THEN BE ISSUED.

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

**PLEASE DROP:**

CLASS \_\_\_\_\_ PERIOD \_\_\_\_\_

CLASS \_\_\_\_\_ PERIOD \_\_\_\_\_

**PLEASE ADD:**

CLASS \_\_\_\_\_ PERIOD \_\_\_\_\_

CLASS \_\_\_\_\_ PERIOD \_\_\_\_\_

REASON FOR CHANGE \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ PHONE \_\_\_\_\_

ADMINISTRATIVE APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_