

Student's Name _____

ID # _____

Date _____ Grade Level _____

Counselor _____

Teacher's Name: _____

Teacher's Signature: _____

**Teachers, please note you are signing that you reviewed the student's schedule and noticed a missing or duplicate class, and omitted period or class needed for graduation (seniors only)*

Reason for schedule change request: Please circle a reason for your request below

Duplicate classes, a missing class period, missing class needed for graduation, or other.

If you circle other, please write a brief reason as to why you are requesting a schedule change.

**Please note, schedules will NOT be changed if you simply DO NOT like your class, or did NOT get what you requested as an elective course.*

9th Grade Counselor: Ms. Clarke

11th Grade Counselor: Ms. Echemendia

10th Grade Counselor: Mr. Ellis

12th Grade Counselor: Ms. Nunez