

Student Number: _____

Student Name: _____

Logan Elm High School

SCHEDULE CHANGE REQUEST

Date: _____

POLICY: No schedules will be changed the first day of school. Students may request changes the second day of school through the end of the first week. Changes will be made only in extreme emergencies and if the change does not overload another class. Changes to be with friends will not be made.

Students may add courses in place of a study hall without parental permission.

Only improvement changes will be permitted. An example of these are going into the College Prep curriculum; adding Algebra in place of General Math; Biology in place of Science; etc. Requesting a particular teacher is not a valid request.

Please state the change or changes that you would like to make (list courses) and the reason(s) for such a change.

Student Signature

Parent Signature

NOTE: After this form is **completed** and **returned** to the Guidance Office, the counselor or secretary will call you in to discuss your request or to inform you of the results of the request. This form MUST be completed FIRST!!

APPROVED: _____

DISAPPROVED: _____