

Syracuse Junior High School
CLASS CHANGE FORM
2019 - 2020

Class changes for both semesters are allowed by appointment only until the beginning of each semester. There is a \$10 fee charged upon completion of a schedule change. By school policy no class change requests will be allowed during a semester already in session. Class changes will be made **by appointment only**. Please schedule an appointment through myDSD.

Counselors and administrators will work to be able to accommodate the needs of the students who would like to have more choice in the selection of their classes. With this goal in mind, it is important to remember, however, that there are definite limits and constraints to complete freedom of choice. The school necessarily needs to set class size and teacher class load limits. We will exercise as many options for students as possible, but there will be situations where we regrettably will not be able to accommodate changes.

What To Do If You Desire A Change To Your Schedule:

- Print and review your schedule from myDSD beginning August 10, 2019.
- Schedule a class change appointment through myDSD beginning August 10. Class change appointments will be available **August 13 and 14**.
- Come to your appointment with this form filled out complete with parent signature. There is a \$10.00 fee for each schedule change. The fee and this form **signed by a parent** are **necessary** at the time of the change.
- The school will make every effort to accommodate the requested change. However, because of a number of factors **not all requests will be possible**. Classes that are full at the time of the request will not be added.

Student Name			Student #			Date Requested		
<u>1st SEMESTER REQUEST</u>			<u>2nd SEMESTER REQUEST</u>					
Period	Drop	Add	Period	Drop	Add			
1.	_____	_____	1.	_____	_____			
2.	_____	_____	2.	_____	_____			
3.	_____	_____	3.	_____	_____			
4.	_____	_____	4.	_____	_____			
5.	_____	_____	5.	_____	_____			
6.	_____	_____	6.	_____	_____			
7.	_____	_____	7.	_____	_____			
8.	_____	_____	8.	_____	_____			

Reason for Request _____

Parent Signature
Student Signature

Office Use Only:

Change Made: _____ Date: _____ \$10 fee posted _____

Not Possible: _____ Date: _____