

Bell Creek Academy Schedule Change Form

Student First & Last Name:

Homeroom:

- Please return form to Homeroom Teacher
- Student will receive an updated schedule in Homeroom, if a change has been made.
- Incomplete forms will not be accepted

NOTE: Changes will be made only if the request meets one of the following criteria:

1. Duplicate Class (you have already taken and passed the class)
2. You have failed a class.
3. You have taken this class in the summer (please attached FLVS transcript).
4. There is a current health issue that requires a change in schedule (please attached medical documentation).
5. Inappropriate level placement (for example, placed in inappropriate level of language arts or math).

ONLY LIST REQUESTED CHANGE

| Class to Delete | Class to Add |
|-----------------|--------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

REASON FOR REQUESTING THIS CHANGE:

FORM IS NOT VALID WITHOUT PARENT SIGNATURE

Parent's signature: _____ Date: _____

Approved – A copy of revised student schedule will be placed in the HR teacher's mailbox for distribution:

Denied- Reason: a) Does not meet criteria listed above

b) Other: _____

