



# Olentangy Berlin High School

## Schedule REQUEST Change Form



This form is to be used to request a change to your **REQUESTS** for next year. Turn this form back into your Berlin School Counselor. You need to turn in a form for every change request.

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

Student ID number: \_\_\_\_\_ Date: \_\_\_\_\_

Request you would like to drop:	
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Request you would like to add:	
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Is this a change in a core class which needs a teacher recommendation? (circle one)	YES	NO
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If so, teacher signature for recommendation: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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