



Rankin County
School District

TRADITION OF EXCELLENCE

RANKIN COUNTY SCHOOL DISTRICT SCHEDULE CHANGE REQUEST

Name of School: _____

Before any schedule change is final - Completed forms will be submitted to the principal for approval or non-approval. YOUR COUNSELOR WILL NOTIFY YOU IF YOUR SCHEDULE CHANGE HAS BEEN APPROVED OR DENIED. UNTIL YOU ARE NOTIFIED BY YOUR COUNSELOR, FOLLOW YOUR CURRENT SCHEDULE.

Date: _____

Student Name: _____ Grade: _____

Change Requested: _____

Reason: _____

Parent/Guardian Signature: _____

Student Signature: _____

Principal Signature: (obtained by the counselor): _____

For Office Use Only

Change Made Change Denied Change Made in Powerschool Date: _____

Reason Denied: _____

**TEACHERS: DO NOT ACCEPT ANY NEW STUDENT IN YOUR CLASS UNLESS THEY HAVE
A NEW SCHEDULE SIGNED BY THE COUNSELOR.**