



LEGACY JUNIOR HIGH SCHOOL

SCHEDULE CHANGE REQUEST FORM

STUDENT NAME: _____ STUDENT ID: _____ DATE: _____

*Please be aware that your request may require rearranging your other classes and/or changing teachers.
If classes are full, your schedule change request may not be possible.*

Schedule Change Steps:

1. Complete this form and list your requests in order of priority.
2. Obtain parent signature (*parents may type their name in lieu of signature*).
3. Submit schedule change requests **BEFORE** the first day of the semester to the Counseling Center. *After the beginning of the semester, schedule change requests require extenuating circumstances.*
4. Check your schedule on your myDSD account to see if your schedule change was made.
5. Pay the \$10 schedule change fee on your myDSD account.

Requested Change(s):

Course Number	Drop Course:	Course Number	Add Course:

If you are requesting multiple changes, **please list them in order of priority.**

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Parent Name: _____ Phone: _____ Date: _____

Parent Email Address: _____ Parent Signature: _____

Typing your name in the signature box verifies that you (parent/guardian) have reviewed and approved this schedule change request.

<u>COUNSELOR</u>	<i>FOR OFFICE USE ONLY</i>	<u>OFFICE</u>
Change(s) Made? Yes No	<input type="checkbox"/> Requested course is full or does not fit in schedule.	Fee Invoiced: <input type="checkbox"/>
School Error?	Counselor Initials: _____	Fee Paid: <input type="checkbox"/>