

SCHEDULE CHANGE REQUEST FORM

If using the fillable form (located at <https://hs.nv.k12.wa.us/>, Academics, Scheduling), download and open form, complete steps, save onto your computer, and email saved document to rhonda.wise@nv.k12.wa.us AND to your parent.

Nooksack Valley High School
3326 E. Badger Road, Everson, WA 98247
360-988-2641 FAX 360-988-2064

Schedule changes will not be considered until this form is submitted.
A student who drops a class after the tenth (10th) day of the semester
will receive a failing (F) grade on their transcript.

Ms. Lisa McReynolds – Counselor lisa.mcreynolds@nv.k12.wa.us 360-988-2641, Ext. 3416	Students A - K (last names) Grades 9, 10, 11, 12
Mrs. Kristina Eastman – Counselor kristina.eastman@nv.k12.wa.us 360-988-2641, Ext. 3417	Students L - Z (last names) Grades 9, 10, 11, 12

NAME: _____ GRADE: _____ DATE: _____

Due to our schedule being student driven, we have made staffing decisions based upon student requests and **classes are now full**. Class changes will be made only for the reasons listed below. This is especially true for College in the High School courses. You will need to set up an appointment with the principal/counselor if you wish to drop a College in the High School class or upper level elective. **YOUR SCHEDULE REQUEST MAY NOT BE HONORED DUE TO THE OVERALL NEEDS OF THE SCHOOL.**

Schedule change steps:

1.	Fill out the Schedule Change Request Form <u>and</u> review with your parent; <i>Please note that no schedule change will be made for dropped academic courses (English, Social Studies, Math, Science, and Spanish) without consultation with your parent.</i>
2.	Submit the form to the counseling office for review. You will be contacted when your class request has been approved or denied.

Changes will be considered for the following reasons only – please check which ones apply to you:

- | | |
|---|--|
| <input type="checkbox"/> I need to schedule a required course not on my schedule; | <input type="checkbox"/> Two of the same classes are on my schedule; |
| <input type="checkbox"/> I would like to repeat a class that I have failed; | <input type="checkbox"/> I am lacking the required prerequisite class; |
| <input type="checkbox"/> Other (only if there is a special circumstance or reason that should be considered – be specific). | <input type="checkbox"/> My schedule is incomplete; |
- _____

What changes do you need?

Please make changes on second page of form. →

To view Master Schedule, go to <https://www.nv.k12.wa.us/>, click on High School, Academics, Scheduling, Master Schedule.

STUDENT SIGNATURE: _____ DATE: _____

PREFERRED PHONE: _____ EMAIL: _____

COUNSELOR SIGNATURE: _____ PRINCIPAL SIGNATURE: _____

Counselor Review:

- | | |
|--|--|
| <input type="checkbox"/> Schedule change is approved. | <input type="checkbox"/> Student will receive F on transcript. |
| <input type="checkbox"/> Requested class is full. See counselor for further options. | <input type="checkbox"/> Schedule change reviewed with |
| <input type="checkbox"/> Schedule change denied. Reason does not meet requirements listed above. | parent on _____. |

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Semester One Schedule

DROP

ADD

	DROP	ADD
Period 1		
Period 2		
Period 3		
Period 4		
Period 5		
Period 6		

Semester Two Schedule

DROP

ADD

	DROP	ADD
Period 1		
Period 2		
Period 3		
Period 4		
Period 5		
Period 6		