

Class Change Request Form

Please fill out this form to request a class change. *Requests are not guaranteed.* Please fill the form out in its' entirety. You will be contacted when your schedule has been adjusted. **The form must be signed by your parent and each of the teachers involved.**

9th—12th grades, all class changes must ALSO be approved by either Mr. Clymer or Mrs. Wallace.

Name _____ Date/Time turned in _____

Parent Signature _____

Guidance Approval (9th-12th grades) _____

Withdrawal

Class _____ Days/Hour _____

Teacher Signature/Comments _____

Addition

Class _____ Days/Hour _____

Teacher Signature/Comments _____

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