

Cedar Grove-Belgium High School Schedule Change Request Form

Name: _____ Grade: _____ Date: _____

The Master Schedule is built using course requests and budget constraints. Schedules are finalized in order to allocate teaching assignments and create the master schedule. Therefore, there is very limited flexibility in making course changes once the master schedule is established. **Schedule changes will not be made unless it is absolutely necessary.** If there are extenuating circumstances and "compelling reasons for a schedule change" are met, a student's schedule may be changed. Schedule changes will only be made during the first five days of a semester when compelling reasons are met and all signatures are obtained. After these five days, students withdrawing from a course will receive an "F" on their transcript.

Compelling Reasons for a Schedule Change include:

- Original course request could not be scheduled.
- There was an error during the scheduling process.
- The student has changed their Academic and Career Plan (fill out explanation).
- The semester grades (higher or lower) require a change based on recommendation.
- There is a need to fulfill credit deficiencies.
- Physical limitations prevent the student from participating in a course (doctor's excuse required).

Schedule changes will not be made for the following reasons.

- Elective changes
- Period preference
- Teacher preference

What proposed changes would you like to see to your schedule? Be specific with semester and block.

What are your post secondary goals? Workforce, military, technical college, four year college. Be specific.

How does this proposed class change enhance your post secondary goals?

Student Signature: _____

Parent Signature: _____

Date received in office: _____

Date class change made: _____

Drop/Add Form

Name: _____ Grade: _____ Date: _____

Semester 1:

Block	Class to be Dropped	Teacher Initial	Class to be Added	Teacher Initial
0	_____	_____	_____	_____
1A	_____	_____	_____	_____
1B	_____	_____	_____	_____
2A	_____	_____	_____	_____
2B	_____	_____	_____	_____
3A	_____	_____	_____	_____
3B	_____	_____	_____	_____
4A	_____	_____	_____	_____
4B	_____	_____	_____	_____

Semester 2:

Block	Class to be Dropped	Teacher Initial	Class to be Added	Teacher Initial
0	_____	_____	_____	_____
1A	_____	_____	_____	_____
1B	_____	_____	_____	_____
2A	_____	_____	_____	_____
2B	_____	_____	_____	_____
3A	_____	_____	_____	_____
3B	_____	_____	_____	_____
4A	_____	_____	_____	_____
4B	_____	_____	_____	_____

By signing this form, I agree that these changes may be added or dropped according to enrollment numbers within the individual classes and the completion of prerequisites. If dropping a class after the authorized drop period (**first 5 days of the semester**), I agree that a grade of F will be placed on my permanent transcript for those classes that are dropped. These F grades will have a negative impact on the student grade point average and class rank.

Student Signature: _____

Parent/Guardian Signature: _____

Counselor Signature: _____

Principal Signature: _____