

NORTH POINT HIGH SCHOOL
SY 2022-23 COURSE CHANGE REQUEST

DATE _____ STUDENT ID NUMBER _____

NO REQUEST FOR A COURSE CHANGE WILL BE ACCEPTED AFTER 9/12/22 WITHOUT A PARENT CONFERENCE AND ADMINISTRATIVE APPROVAL.

*****REQUEST TO CHANGE TEACHERS WILL NOT BE HONORED*****

*****FAILURE TO COMPLETE THE SUMMER ASSIGNMENT DOES NOT*****

*****CONSTITUTE AN INAPPROPRIATE ACADEMIC PLACEMENT*****

STUDENT'S NAME _____ GRADE _____

COURSE TO DROP _____ COURSE TO ADD _____

Second Choice _____

PARENT'S NAME (please print) _____

PARENT'S SIGNATURE _____

PARENT'S PHONE (HOME) _____ (WORK) _____

(CELL) _____

REASON (TO BE COMPLETED BY COUNSELOR)

_____ ELECTIVE **COURSE** CHANGE///SCHEDULING ERROR

_____ ACADEMIC **COURSE** LEVEL CHANGE

_____ **COURSE** NEEDED FOR GRADUATION PLAN

_____ RECOMMENDATION BY ADMINISTRATION _____
(Administrator's signature)

ACTION (TO BE COMPLETED BY COUNSELOR)

_____ CHANGE MADE AS REQUESTED

_____ CHANGE NOT MADE (reason) _____

COUNSELOR _____ DATE _____