

# SHS CLASS CHANGE APPEAL

Appeal Reviewed on Thursday @ 8:00 am

\$10 Fee paid **PRIOR** to submission



Attached or Verified

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Student Name

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Student #

\_\_\_\_\_

Date Appeal Distributed  
**Must be returned by Wed.**

**Student/Parent reason for request** Please be as specific as possible: (Use back side if necessary)

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Student Signature

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Parent Signature

**REQUIRED TEACHER/S COMMENTS** (Use back side if necessary)

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## PROPOSAL

**Proposal Below** – Dependent on LCMT Review

Student/Teachers will be notified of decision

Proposed Classes to <b>DROP</b>				Proposed Classes to <b>ADD</b>			
	SUBJECT	ROOM	TEACHER SIGNATURE		SUBJECT	ROOM	TEACHER SIGNATURE
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			