HMS Schedule Change Request Form
2022 - 2023

Date of Request: _____Grade Level:_____

Student Name: _____

Class Periods	Current class(es) to be dropped	Teacher Initial	Class(es) to be added	Teacher Initial
0 Hour				
1				
2				
3				
4				
5				
6				
Advisory				

REASON FOR THE SCHEDULE CHANGE:_____
_____
_____
_____

Parent Name:_____
Parent Phone/Email:_____
Parent Signature or Phone Call _____

—----------FOR SCHOOL USE ONLY—----------

Counselor:_____Meeting Date_____

APPROVED DENIED