

SCHEDULE CHANGE FORM 2023-2024

STUDENT NAME: _____ STUDENT ID # _____ Grade: _____ DATE: _____

The school makes every effort to accommodate a requested change. However, because of a number of factors not all requests are possible. Classes that are full at the time of the request will not be added. The schedule change form must be completely filled out and signed by a parent/guardian before a change is considered. Schedule change forms must be returned to the counseling center or main office. All schedule changes will have a fee of \$10 added to myDSD.

NO SCHEDULE CHANGES WILL OCCUR AFTER August 4, 2023

Class(es) to drop: _____

Class(es) to add: _____

Reason for Request(s): _____

By signing this form, I am acknowledging the changes to my schedule are final and I will be assessed a \$10 fee on myDSD.

Parent Signature: _____ Student Signature: _____

For Office Use Only

Date:

Initial:

Approved

Declined-Reason: