SAM HOUSTON HIGH SCHOOL
Schedule Change Request

*This form does not make change in your schedule; it is only a request.
*__Teacher and/or lunch hour changes are not accepted.__
*Parent/Guardian permission is necessary for ALL changes.
*ALL requests must be completely filled in or they will not be considered.
*Phone number/email requested in case of counselor questions regarding schedule change.
*Requests must be made within FIVE (5) days of the beginning of the semester.
*DO NOT submit multiple requests for the same changes. We will complete them as soon as possible.
*PE hour changes for athletic purposes must have a coach's signature. **
*Write legibly. If we cannot read it, we will not consider it.

Student Name_____ ID#_____ Grade_____
Phone #_____ Email_____ Date_____

Course(s) to drop/change:	Course(s) to add/change:	Coach's Signature**

Brief reason for change request_____

For Mid-Term Changes Only:

Teacher: Please sign below that this student has returned his/her textbook and paid all fees owed.

_____ Date_____
Teacher Signature (of course to be dropped)

_____ Date_____
Teacher Signature (of course to be dropped)

By signing below, I understand my entire schedule may have to be rearranged to accommodate the change and I am willing to accept the necessary changes. I also understand that changing my schedule could affect my athletic eligibility, my TOPS eligibility, and my graduation plan.

_____ _____
Parent/Guardian Signature **Date** **Student Signature** **Date**

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FOR OFFICE USE ONLY Approved_____ Denied_____ Principal's Initials_____