

Athens Renaissance School

COURSE CHANGE REQUEST

Student Name: _____

Student Email: _____

Parent Name: _____

Parent Email: _____

Course to be Dropped	Course to be Added

1. This is a request form only. There are no guarantees that your request will be granted.
2. Course change requests must be submitted no later than the second week of the semester.
3. You will be notified if your request has been approved.
4. Form must be completely filled out and the \$10 fee must be paid on the school's website to be considered for a schedule change.

REASON FOR REQUEST: (Circle Appropriate Reason)

1. Missing Graduation Requirement
2. Change needed for career program
3. Math Placement
4. Want a different elective
5. Conflict with college/tech/athletic program

Parent Signature Required: _____