

Fee Received on: _____ Cash _____ Check # _____

Request for Class Schedule Change, 2024-25 School Year

Begins: **May 23, 2024**

Deadline for changes: **Friday, August 23, 2024**

Semester **1**

As noted in the Student Handbook, schedule changes may be made only for sound academic reasons. Requests to have a specific teacher or to be with specific students are not approved.

Your request for a schedule change will not be considered until this form has been completely filled out, signed by the designated persons, and submitted to the counseling office, **with a \$20 fee**, cash or check payable to Saint Thomas Aquinas. Requests via email will not be accepted.

You are asked to follow your present schedule until your request for a change has been fully processed by the counselor and an administrator.

Name of Student: _____ Grade: _____

Class I want to drop: _____ Class I want to add: _____

Class I want to drop: _____ Class I want to add: _____

Reason for requested change (use back of form if needed):

Required Signatures:

Student Signature and Date
(Athletes: I have checked NCAA requirements.)

Parent Signature and Date

Counselor Signature and Date

Counselor Comments:

The area below is for office use only.

_____ **Approved**

_____ **Not approved**

Administrator Signature and Date: _____