



# Manhasset Public Schools

## Counseling Department Schedule Change Request

Name of Student \_\_\_\_\_ Counselor \_\_\_\_\_  
(Please print)

Grade \_\_\_\_\_ Homeroom Teacher (1<sup>st</sup> period) \_\_\_\_\_ Date \_\_\_\_\_

THIS FORM MUST BE RETURNED TO THE COUNSELING OFFICE TO BE REVIEWED BY YOUR COUNSELOR. SCHEDULE CHANGES WILL ONLY BE ADDRESSED UPON RECEIPT OF THIS FORM. **SUBMITTING A FORM DOES NOT GUARANTEE THAT A CHANGE WILL BE MADE.**

*Schedule changes **CANNOT** be honored for the following reasons:*

1. Preferences for teachers, team placements (MS only) or class meeting periods (all classes, including lunch)
2. Preferences for study hall over an exploratory/elective class

Please indicate the change you are requesting:

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Reason for this request:

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Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_

Contact Information: Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor Notes:

**STUDENT MUST FOLLOW ORIGINAL SCHEDULE UNTIL A NEW SCHEDULE IS ISSUED.**