



Manhasset Public Schools

Counseling Department

Schedule Change Request

Name of Student _____ Counselor _____

Grade _____ Homeroom Teacher (1st period) _____ Date _____

Schedule changes are discouraged and must be approved by the appropriate administrator. Absolutely no change will be made based on teacher preference, or without an acceptable explanation. Once you have obtained the signatures from the individuals indicated below, please return the completed form to the Counseling Office.

Please indicate the change you are requesting:

Reason for this request:

Parent Signature _____ Phone# _____

Email address _____

All signatures must be obtained before any changes can be made.

District Coordinator's Signature _____ Date _____

Approved _____

Disapproved _____

Teacher's Signature _____ Date _____

Counselor's Signature _____ Date _____

Student must follow the original schedule, until a new schedule is issued.