Lakewood High School
Request for Schedule Change

Student Name _____Grade _____ Date _____

Schedule changes will be granted for legitimate academic reasons (please check one):

- I have a missing class period
- I have a duplicate class
- I have been misplaced (wrong math class, for example).
- Other: _____
  _____

Drop Course	Period	Add Course	Period
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian Signature (*required)*_____ Date _____

Student Signature _____ Date _____

- Return this form to the counseling office.
- Follow your current schedule until notified the schedule change request has been completed.
- Don't fill out numerous requests for the same change.

_____ Change has been made, new schedule attached

_____ Change was not made because

_____ missing parent signature

_____ requested class was full

_____ request to change was not an academic reason

_____ other, see below

_____
_____
_____

Counselor Signature _____

Principal Signature (if needed) _____