

IHS Counselors 9th – 10thCircle your counselor's name

Ms. Graham – A-D

grahamla@svsd.net

Mr. Murray – E-K

murraysj@svsd.net

Ms. Calder – L-Q

calderaj@svsd.net

Ms. M. Christopher – R-Z

christopherms@svsd.net

Ms. Estvanik – Full Time Cyber

estvanikce@svsd.net**SENECA VALLEY HIGH SCHOOL
REGISTRATION CHANGE REQUEST****SHS Counselors 11th – 12th**Circle your counselor's name

Ms. McQuiston – A-D

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Ms. D. Christopher – E-K

christopherdm@svsd.net

Dr. Rockey – L-Q

rockeyrd@svsd.net

Ms. Kostlich – R-Z

kostlichml@svsd.net

Ms. Estvanik – Full Time Cyber

estvanikce@svsd.net

Last Name

First Name

**Grade
2024-2025**

Student ID#**DROP**

Course #	Course Name

ADD

Course #	Course Name	Teacher Approval

Date

Parent/Guardian Signature

Date

Teacher Signature - **if applicable*

Schedule change requests will be processed on a first come-first serve basis. First semester and full year schedule change requests will not be accepted after **3:00 pm on Wednesday, August 28, 2024**. Second semester schedule change requests will not be accepted after **3:00 pm on Thursday, January 23, 2025**. ***Please be aware the completion of this form is NOT to be considered as an approval for a schedule change. Your schedule change request may not be possible due to the class periods that courses are offered.***