



LEHS Advanced Academics SAVE Request Form



Student Name: _____ Student ID # _____

All schedule changes will depend on seats available in corresponding course and whether or not a student's schedule allows for the change, including graduation/endorsement credit considerations. The SAVE process does not automatically guarantee a change in the schedule.

Class to Drop	---	Class to Add
_____	---	_____
_____	---	_____

Date Received: _____ (Office Use Only)

I have discussed the requested Advanced Academic schedule change with my guardian and my teacher. I understand that making this request does not guarantee a schedule change. I agree to meet with my guardian, the Associate Principal, and teacher if requested to do so.

Student Signature: _____ Date: _____

I have discussed the requested Advanced Academics schedule change, listed below, with my child. I understand that making the request does not guarantee a schedule change. I agree to meet with my student, the Associate Principal, and teacher if requested to do so.

Parent Signature: _____ Date: _____

Best phone number to schedule meeting: _____

I have discussed the requested drop with the student, and I:

- agree with the decision to drop
- would like to request a conference to discuss this further

The student currently has missing assignments in the course:

- Yes
- No

Teacher Signature: _____ Date: _____

For Office Use Only:

Associate Principal: Approved Denied Reason: _____

Counselor: Approved Denied Reason: _____

Additional Notes: _____

